



District / Agency No. 374970	District / Agency Legal Name D C Everest Area School District	CFDA No. or State Statute 84.425D	Report for Period Ending 6/30/2021
Grant Number 2022-374970-DPI-ESSERFII-163	Program CRRSA Act-Community Service Fund	Project Beginning Date 03/13/2020	Project Ending Date 09/30/2023
Name of Person Preparing this Report Emily Seehafer		Phone Area/No.	Email Address eseehafer@dce.k12.wi.us
CERTIFICATION			

BY SIGNING THIS REPORT, I CERTIFY to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims, or otherwise. (U.S. Code, Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812.)

Name of District / Agency Administrator or Designee Emily Seehafer	Title of District / Agency Administrator or Designee <i>Print or type</i> District Authorizer	Signature of District / Agency Administrator or Designee Electronically Signed	Date Signed <i>Mo./Day/Yr.</i> 11/09/2021
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SUMMARY						
Account Code <i>Fund-Obj.-Func.-Proj.</i>	Account Name	Program Type	Approved Budget 10/26/2021	Obligations	Total Disbursements to Date	Unencumbered Balance
80-100-390000-163	Salaries - Other Community Services	Addressing Long-term School Closure	56,976.48	0.00	56,976.48	0.00
80-200-390000-163	Employee Benefits - Other Community Services	Addressing Long-term School Closure	4,981.91	0.00	4,981.91	0.00
	Indirect Costs (Effective Rate: 0.00 %)		0.00	0.00	0.00	0.00
	(Exact effective rate used for calculation: 0)					
TOTALS			\$ 61,958.39	\$ 0.00	\$ 61,958.39	\$ 0.00

Cash Summary		Matching Funds If Applicable Documentation on file at District Office		Report Type Check all that apply <input type="checkbox"/> Advance <input checked="" type="checkbox"/> Final Claim <input type="checkbox"/> Partial Claim <input type="checkbox"/> Revised Final	Amount Requested This Claim
Total Funds Received to Date \$ 0.00	Total Disbursements to Date \$ 61,958.39	Cash on Hand at End of Period \$ (61,958.39)			\$ 61,958.39

DPI Use Only				
SAFA Project ID	Invoice Number	Invoice Date	Pay Date	Amount Approved
255000005052021	SAFA11222112004432219	11/22/2021	11/29/2021	\$61,958.39