FY 2020/21 Schedule - A Form

# Fiscal Year 2020

**(grant year**

**2020/21)**

Local Cash Funds Expended for Adult Basic Education\*

Agency City Project Number

Name of Contact for Program Phone

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ACTIVITY  CODE  PURPOSE  CODE | Salaries | Retirement Fringe Benefits | Purchased Services | Supplies | Capital Outlay | Other | Totals |
| Instruction |  |  |  |  |  |  |  |
| Support Services |  |  |  |  |  |  |  |
| Administration |  |  |  |  |  |  |  |
| Prof Development |  |  |  |  |  |  |  |
| Facilities |  |  |  |  |  |  |  |
| Transportation |  |  |  |  |  |  |  |
| Other Specify: |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |

Signature of AE Director/Executive Director/Financial Officer Date

\*Note: Federal and State ABE funds allocated by WCCC are **not** to be included in this report. Return to Diane McQueen, WCCC, 2300 Capitol Ave- 5th Floor, Suite B, Cheyenne, WY 82002. Fax 307-777-6567.

Local ABE Program

Non-Federal In-Kind Matches

Maintenance of Effort (MOE) Fiscal Reporting Form Addendum

Fiscal Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Type of In-Kind Match | In-Kind Amount |
| Facility/Office Space/Classrooms |  |
| Utilities |  |
| Custodial Services |  |
| Copying/Printing Costs |  |
| Phones and Other Technology Costs |  |
| Additional Approved In-Kind Services (be specific) |  |
|  |  |
| Other |  |
| Personnel Costs (Prorated – please identify personnel by name, title, and show calculation used to determine value.)  *This should include paraprofessional volunteers, calculated at a comparable hourly rate if this were a paid position(s.) Add lines as needed.* |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Total |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treasurer/Fiscal Officer Date AE Director Date

Treasurer/Fiscal Officer Contact Information: Local ABE Director Contact Information:

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_