



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 DIVISION OF FINANCIAL AND ADMINISTRATIVE SERVICES, PO BOX 480,
 JEFFERSON CITY, MO 65102
 SPECIAL EDUCATION FINANCE
SPECIAL EDUCATION COOPERATIVE GRANT REPORT

YEAR 1

COOPERATIVE NAME

DATE

GRANT YEAR

YEAR 1 (Planning only)

YEAR 1 (Planning & Implementation)

REPORTING PERIOD

Start Date of Activities: _____ End Date of Activities: _____

DISTRICTS ADDED (List any districts that were added during the Grant Year)

Fiscal Agent Contact Information

DESIGNATED FISCAL AGENT

ADDRESS

COUNTY/DISTRICT CODE

PRIMARY CONTACT NAME

PRIMARY CONTACT TITLE

PRIMARY CONTACT PHONE NUMBER

PRIMARY CONTACT FAX
NUMBER

PRIMARY CONTACT EMAIL ADDRESS

Grant Year 1 Activities

STAFF HIRED DURING THE GRANT YEAR (List Name & Position)

Name (First & Last)	Position	Paid with Grant Funds (YES / NO)	Amount Paid with Grant Funds
			\$
			\$
			\$
			\$

STAFF HIRED DURING THE GRANT YEAR (List Name & Position) CONT.

Name (First & Last)	Position	Paid with Grant Funds (YES / NO)	Amount Paid with Grant Funds
			\$
			\$
			\$
			\$
			\$
			\$
Total Amount of Grant Funds Spent for Staff Hires			\$

IF IMPLEMENTATION OCCURRED DURING YEAR 1, INDICATE WHERE SERVICES WERE PROVIDED (Select all applicable)

COOPERATIVE CLASSROOM(S) (INDICATE NUMBER _____)

MEMBER DISTRICT CLASSROOM(S) (INDICATE NUMBER _____)

IF IMPLEMENTATION OCCURRED DURING YEAR 1, INDICATE GRADE(S) SERVED

IF IMPLEMENTATION OCCURRED DURING YEAR 1, INDICATE DISABILITIES SERVED

IF IMPLEMENTATION OCCURRED DURING YEAR 1, INDICATE NUMBER OF STUDENTS SERVED

GRANT YEAR 1. Briefly describe the planning (and implementation, if applicable) activities that occurred during year one.
Please use one text box per activity.

ACTIVITY	AMOUNT SPENT ON ACTIVITY
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

GRANT YEAR 1. Briefly describe the planning (and implementation, if applicable) activities that occurred during year one.
Please use one text box per activity.

ACTIVITY CONT.	AMOUNT SPENT ON ACTIVITY
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total amount of Grant Funds spent on Activities during Year 1:	\$

YEAR 1 TOTAL EXPENDITURES:		\$
Signature of Authorized Representative:		Date:
Title of Authorized Representative:		
DESE USE ONLY		
Approved by: Special Education Funds Management		Date Approved:
Amount Paid	\$	
Expenditures	\$	
Balance	\$	Overpayment (Refund due DESE): \$

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