



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 3

COOPERATIVE NAME	DATE
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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 3 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 During Year 3			\$

INDICATE WHERE SERVICES WERE PROVIDED (Select all applicable)

COOPERATIVE CLASSROOM(S) (INDICATE NUMBER _____)

MEMBER DISTRICT CLASSROOM(S) (INDICATE NUMBER _____)

INDICATE GRADE(S) SERVED DURING YEAR 3

INDICATE DISIBILITIES SERVED DURING YEAR 3

INDICATE NUMBER OF STUDENTS SERVED DURING YEAR 3

GRANT YEAR 3. Briefly describe the services or implementation activities that occurred during year three. Please use one text box per activity.

SERVICE/ACTIVITY	AMOUNT SPENT ON SERVICE/ACTIVITY
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

GRANT YEAR 3. Briefly describe the services or implementation activities that occurred during year three. Please use one text box per activity.

SERVICE/ACTIVITY CONT.	AMOUNT SPENT ON SERVICE/ACTIVITY
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total amount of Grant Funds spent on Services/Activities during Year 3:	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>

PLEASE INDICATE THE FINANCIAL SUPPORT FROM MEMBER DISTRICTS OR OTHER SOURCES THAT WILL SUSTAIN THE CO-OP AFTER GRANT FUNDING EXPIRES.

FUNDING SOURCE AND EXPLANATION OF SUPPORT	AMOUNT OF FINANCIAL SUPPORT
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

YEAR 3 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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