

	<b>OFFICE OF</b> <b>Early Learning</b> <small>LEARN EARLY. LEARN FOR LIFE.</small>	OEL Program Guidance 240.01 Attachment A
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<b>Early Learning Coalition:</b>	Choose from dropdown	<b>Grant Number:</b>	Choose from dropdown	<b>Date (MM/DD/YYYY)</b>	
<b>Deposit Type:</b> (Complete form for each deposit type.)	Choose from dropdown	<b>Check Number(s):</b>			
<b>Payor Name(s):</b>					

Group	County								TOTAL
	OCA	Choose from dropdown	Choose from dropdown	Choose from dropdown	Choose from dropdown	Choose from dropdown	Choose from dropdown	Choose from dropdown	
Admin	97BBA								\$0.00
	97FIR								\$0.00
	97LCA								\$0.00
Non Direct	97BBD								\$0.00
	97BDE								\$0.00
	97LCD								\$0.00
	97LCE								\$0.00
	97SYS								\$0.00
	89J00								\$0.00
	89JTR								\$0.00
Quality	97IAS								\$0.00
	97ICR								\$0.00
	97ICS								\$0.00
	97IGS								\$0.00
	97INT								\$0.00
	97CSI								\$0.00
	97Q00								\$0.00
	97QAS								\$0.00
	97QCR								\$0.00
	97QCS								\$0.00
	97QHS								\$0.00
	97QI4								\$0.00
	97QIN								\$0.00
	97QPD								\$0.00
	97QPT								\$0.00
97QST								\$0.00	
97QTA								\$0.00	
Direct Services	97CF0								\$0.00
	97G00								\$0.00
	97GNW								\$0.00
	97GSD								\$0.00
	97GTA								\$0.00
	97P00								\$0.00
	97R00								\$0.00
	97RSP								\$0.00
	97CSS								\$0.00
	97LQI								\$0.00
	QPPIP								\$0.00
QPICA								\$0.00	
SRMAT								\$0.00	
SRREG								\$0.00	
Recon	SRRCN								\$0.00
Program Assessment	SRPAS								\$0.00
Advance	97ADV								\$0.00
RECON	SRPOT								\$0.00
<b>TOTAL</b>									<b>\$0.00</b>

**CERTIFICATIONS**

By signing this form, I certify to the best of my knowledge and belief that the deposit form 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 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.

**Coalition Certification / Date:** \_\_\_\_\_

I have reviewed this deposit form and the selected supporting documentation in accordance with Florida's Office of Early Learning guidance and hereby approve for deposit.

**Grant Manager Signature / Date:** \_\_\_\_\_

**Financial Admin. Supervisor Signature / Date:** \_\_\_\_\_

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<b>Early Learning Coalition:</b>	Choose from dropdown	<b>Grant Number:</b>		<b>Date (MM/DD/YYYY)</b>	
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<b>Deposit Type:</b> (Complete form for each deposit type.)	Other Refund	<b>Check Number(s):</b>	
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<b>Payor Name(s):</b>	
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Group	County								TOTAL
	OCA	Choose from dropdown	Choose from dropdown	Choose from dropdown	Choose from dropdown	Choose from dropdown	Choose from dropdown	Choose from dropdown	
Admin	VPADM								
	VPENR								
	VPMON								
	VPLCM								
	VPLPI								
	VPLTR								
Advance	VPSYS								
	VPPRV								
Direct Services	VPPRP								
	VPKSD								
Recon	VPPRS								
	VPRCN								
<b>TOTAL</b>									<b>\$0.00</b>

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<b>Deposit Type:</b> (Complete form for each deposit type.)	Choose from dropdown	<b>Check Number(s):</b>
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<b>Payor Name(s):</b>	
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Group	County								TOTAL
	OCA	Choose from dropdown	Choose from dropdown	Choose from dropdown	Choose from dropdown	Choose from dropdown	Choose from dropdown	Choose from dropdown	
<b>CARES</b>									
Advance	CAADV								
Admin	CASMN								
Bonuses	CESSB								
Phase I	CERGC								
	CERGN								
Support	CHQGC								
Phase II	CHQGN								
Direct Services	CESSD								
Rising K	CRKSP								
Phase III	CPPGC								
	CPSGC								
Phase IV	CPPSG								
	CPSSG								
SR Copay	CSRPC								
<b>CRRSA</b>									
Advance	RSADV								
Admin	RADMIN								
VPK Rising K Summer 21	RRKSP								
Phase V	RSPC5								
	RSPN5								
	RSPS5								
SR Copay	RSRPC								
Phase VI	RSPC6								
	RSPN6								
	RSPS6								
VPK Closures 07/2020-12/2020	RVPKC								
<b>TOTAL</b>									<b>\$0.00</b>

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<b>Deposit Type:</b> <small>(Complete form for each deposit type.)</small>	<small>Choose from dropdown</small>	<b>Check Number(s):</b>	
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<b>Payor Name(s):</b>	
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Group	County								TOTAL
	OCA	Choose from dropdown	Choose from dropdown	Choose from dropdown	Choose from dropdown	Choose from dropdown	Choose from dropdown	Choose from dropdown	
Admin	PDGAD								
Training	PDGPT								
Technology Support	PDGIT								
Stipends	PDGST								
Renewal Sub Grant Admin 5%	PDGRA								
Curricula	R0422								
Mental Health	R0443								
PDG Renewal YR2 ELC									
Sub-Grant Admin (5%)	PDG2A								
Contracted Slots	R438B								
Mental Health Yr 2	R443B								
Upskilling the Workforce/Apprenticeship (limited ELCs)	R335B								
<b>TOTAL</b>									<b>\$0.00</b>

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**Financial Admin. Supervisor Signature / Date:**

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<b>Deposit Type:</b> (Complete form for each deposit type.)	Other Refund	<b>Check Number(s):</b>			
<b>Payor Name(s):</b>					

Group	County								TOTAL
	OCA	Choose from dropdown	Choose from dropdown	Choose from dropdown	Choose from dropdown	Choose from dropdown	Choose from dropdown	Choose from dropdown	
Admin	ARPAD								
	ARPA1								
	ARPA2								
	ARPA3								
	ARPA4								
ARPA5									
Advance	ARADV								
<b>TOTAL</b>									<b>\$0.00</b>

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