

District Name: Lexington One

SCDE Receipt: _____

Financial Flexibility (provide additional forms as necessary)

Quarter: 1 () 2 () 3 () 4 (x)

Transfer From (Include Program name and sub-fund *) Current Allocation (include carryover amounts here) Transfer Amount (up to 100%) Transfer to (Include Program name and sub-fund)
 (Identify any prior year carryover amounts)

Arts in Education 309	Prior Year Carryover \$22,237.43	\$21,112.43	General Fund 100
Science Kit Refurbishment 326	Prior Year Carryover \$69,340.23	\$16,000.00	General Fund 100
High Schools That Work 378	Prior Year Carryover \$38,225.43	\$20,090.00	General Fund 100
Quaver Pilot 800	Current Year Allocation \$12,480.00	\$2,340.00	General Fund 100

* The appropriations excluded from this flexibility are listed in the Flexibility/Furlough/Expenditure Reporting Procedures in #5. Districts should use judicious caution when transferring any funds received through a competitive grant process.

Staffing Flexibility/Maximizing Resources (provide additional information as necessary)

- (1) Our district suspended staffing ratios in the following areas: _____
- (2) Our district delayed the following number of teacher contracts: _____
- (3) The following number of contracts were not renewed _____
- (4) Our district negotiated the following number of retiree salaries _____
- (5) Our district furloughed teachers the following number of days _____
- (6) Our district furloughed administrators the following number of days _____
- (7) Our district has suspended the following noninstructional/nonessential programs for the 2016-17 school year. _____

District Approval: The signatures below certify that this action was approved at a regularly scheduled school board meeting.

Board Chair Signature: *Diana L. Knight* Date: 5-16-17
 Superintendent Signature: *D. Bishop* Date: 5/16/17
 Completed by: (please print) Deena S. Bishop Date: 5-3-17
 Contact Phone No: 803-821-1166