Contact Phone No:

803-821-1166

District Name:	Lexington One	-	SCDE Receipt:
Financial Flexibility (provide additional forms as necessary)			Quarter: 1 () 2 () 3 () 4 (x)
	Current Allocation (include carryover amounts here) mounts)	Transfer Amount (up to 100%)	Transfer to (Include Program name and sub-fund)
309 - Arts in Education	PY Carryover \$ 93.17	\$ 30.00	100 - General Fund
310 - Professional Develop.	PY Carryover \$ 132,247.51	\$ 62,300.00	100 - General Fund
326 - Science Kits	PY Carryover \$ 35,318.81	\$ 1,100.00	100 - General Fund
338 - At Risk	PY Carryover \$2,936,501.61	\$ 400,000.00	100 - General Fund
368 - Technical Assistance	PY Carryover \$ 5,446.54	\$ 2,750.00	100 - General Fund
378 - High Schools That Work	PY Carryover \$ 14,266.99	\$ 8,100.00	100 - General Fund
937 - Student Health & Fitness	PY Carryover \$ 226,013.58	\$ 226,013.58	344 - High Achieving
945 - High School Reading Init.	PY Carryover \$ 60,000.00	\$ 23,250.00	100 - General Fund
	PY Carryover \$ 1,159,564.98	\$ 250,000.00	100 - General Fund
Teacher Supply (3577 unless oth	nerwise specified by intent form), Tots should use judicious caution w	Feacher of the Year (3533), Aid to Dis hen transferring any funds received th	N3555), National Board Certification (3532) stricts Special Ed (3585) and IDEA - MOE - hrough a competitive grant process
Staming riexibility/waximizing Ke	esources (provide additional in	Community as necessary)	
(1) Our district suspended staffing r	ratios in the following areas:		
(O) Our district deferred the fallencies			
(2) Our district delayed the following number of teacher			
contracts:			
(3) The following number of contract	cts were not renewed		
(4) Our district negotiated the follow salaries	ving number of retiree		
(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 2011-12 school year.			
Board Chair Signature: Superintendent Signature:	elow certify that this action was ap	proved at a regularly scheduled scho	ol board meeting. Pate: 5-15-12 Date: 5-15-12