## Quarterly Budgetand Expenditure Reporting or all HEERF, II, and III grant funds

Institution Name:	Indian Rive	er State College	Date of Re	port: 7/10/23	Co <sup>,</sup>	vering Quarter Ending: June	<u>e 30</u>
PR/Award Number(s	): P425 <u>P0278</u> 6	P425F 201115	P425J		P425K	P425 <u>L200649</u>	
·	P425M	P425N	P4250	2	P425S	P425T	
FinalReport? (Only	rif youhaveexhau	ustedALLHEER Grants)					
TotalAmountof Instit	utionalFunds Aw	ardedSection(a)(1):\$ 35,6	43,325	Section(a)(2)\$ 3	,451,359	Section(a)(3)\$ 0.00	
TotalAmountof Stud	ent Funds Award	ded: Secti(2an)(1): \$ 26,61	4.209	Section (a)(4)\$ (	0.00		

1) Please provide a link to your annual report located on the ESF transparency portal so the public can review the full details of your HEERF grant usage o the last calendar year, including methodologies used to award HEERF funds to students, academic success of HEERF recipients, and other details:

https://covid-relief-data.ed.gov/profile/entity/072220825

3)	Institutional expenditures
	a) Hasyour institution designated HEER Frogram funds for a specific purpose or budget objective in future quarters (for example, operation and

maintenance of plantacademic programs, residential programs, future institutional aidNo
i) If no, are HEER programfunds being held the institution's general fund for useas needed? No

1.1.If no HEER rogramfunds are being held in the institution's general fund, explain your institution's approach (1,000 characters maximum):

Indian River State College maintains a manual budget for HEERF funds, in which ideas for future possible uses are tracked Regular monitoring of this budget as well as evolving College & student needs, allows administration to edit this budget as the need arises. Only after the College's plan has been realized and funds have been expended do we draw down funds.

ii) If yes, provide the amount designated or a specific purpose or budget objective by calendary ear and HEER Frogram fund:

HEERFrogramfund	Calendaryear 2022	Calendaryear 2023	Calendaryear 2024
(a)(1)InstitutionalPortion	\$ 0.00	\$ 0.00	\$ 0.00
(a)(2)HBCUsTCCUsMSIs,SIP	\$ 0.00	\$ 0.00	\$ 0.00
(a)(3)FIPSE\$AIHEandSSARP	\$ 0.00	\$ 0.00	\$ 0.00

b) Provide the total amount of HEER funds expended during the reporting period on each of the follow to

OMB Control Number 840-0849 Expire \$/31/2024

Leaseevenue	\$ 0.00
Royalties	\$ 0.00
Otheroperatingrevenue	\$ 0.00
Total(a)(1)funds	\$0.00
Total(a)(2)funds	\$ 0.00
Total(a)(3)funds	\$ 0.00
TOTALHEERF	\$ 0.00

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