

District Name: Horry 2601

SCDE Receipt: _____

Financial Flexibility (provide additional forms as necessary)

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

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)			

4yr old Early Childhood 340	1,610,715.78	1,000,000.00	At Risk Student Learning 338
	306,714.88 carryover		

* 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: | <u>N/A</u> |
| (2) Our district delayed the following number of teacher contracts: | <u>N/A</u> |
| (3) The following number of contracts were not renewed | <u>N/A</u> |
| (4) Our district negotiated the following number of retiree salaries | <u>N/A</u> |
| (5) Our district furloughed teachers the following number of days | <u>N/A</u> |
| (6) Our district furloughed administrators the following number of days | <u>N/A</u> |
| (7) Our district has suspended the following noninstructional/nonessential programs for the 2016-17 school year. | <u>N/A</u> |

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

Board Chair Signature: _____	Date: _____
Superintendent Signature: <u>Rick Marky</u>	Date: <u>5/19/17</u>
Completed by: (please print) <u>John K. Gardner</u>	Date: <u>5/12/17</u>
Contact Phone No: <u>813 488 6896</u>	