

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
 Grants Finance, Rm. 510W EB
 Albany, New York 12234

**FINAL EXPENDITURE REPORT FOR A
 FEDERAL OR STATE PROJECT
 FS-10-F Long Form (03/15)**

= Required Field

| Local Agency Information | | |
|---------------------------------|--------------------------------------|-----------------|
| Funding Source: | 5890-21-1005 CARES ACT - ESSERF | |
| Report Prepared By: | Lori Prinz, Business Administrator | |
| Agency Name: | Byron-Bergen Central School District | |
| Mailing Address: | 6917 West Bergen Road | |
| | Street | |
| | Bergen | NY |
| | City | State |
| | | 14416-9747 |
| | | Zip Code |
| Telephone # of Report Preparer: | 585-494-1220 ext. 2429 | County: Genesee |
| E-mail Address: | lprinz@bbschools.org | |

INSTRUCTIONS

- For State grants, final expenditure reports are generally due within 30 days after the grant's end date. Reports for federal projects are generally due within 90 days after the grant's end date. See the Grant Award Notice to verify the due date. However, the Department program office may impose an earlier due date.
- Agencies should use only the FS-10-F Long Form to report actual project expenditures.
- Agencies must maintain complete and accurate records and may be requested to provide additional detail to support reported expenditures.
- All encumbrances must have taken place within the grant's approved funding dates, which can be found on the FS-10 or FS-20 budget form and on the Grant Award Notice.
- The Chief Administrator's Certification on the Final Summary page must be signed by the agency's Chief Administrative Officer or properly authorized designee.
- Submit one report with original signature and one copy directly to Grants Finance, New York State Education Department, Room 510W EB, Albany, NY 12234.
- For special legislative projects, submit one report with original signature and two copies, along with a final program narrative report.
- For additional information, please refer to Fiscal Guidelines for Federal and State Grants at <http://www.oms.nysed.gov/cafe/guidance/>.

| SALARIES FOR PROFESSIONAL STAFF | | | |
|---------------------------------|----------------|---------------------------------|------------------|
| Subtotal - Code 15 | | | \$131,750 |
| Name | Position Title | Beginning and End Dates of Year | Salary Per Annum |
| J. Carney | Teacher | 9/1/20 - 6/30/21 | \$43,000 |
| J. Benedict | Teacher | 9/1/20 - 6/30/21 | \$46,750 |
| J. Golino-Smith | Teacher | 9/1/20 - 6/30/21 | \$42,000 |
| | | | |

| SALARIES FOR SUPPORT STAFF | | | |
|----------------------------|--------------|-------------------|----------|
| Subtotal - Code 16 | | | \$14,788 |
| Name | Position | Period | Salary |
| E. Wilson | Teacher Aide | 9/1/20 to 6/30/21 | \$14,788 |

| PURCHASED SERVICES | | | |
|--------------------|---|--------------------------|-----------------|
| Subtotal - Code 40 | | | \$455 |
| Encumbrance Date | Provider of Service | Check or Journal Entry # | Amount Expended |
| 4/13/21 | Genesee Council on Alcoholism and Substance Abuse | 20647 | \$455 |
| | | | |
| | | | |
| | | | |

| SUPPLIES AND MATERIALS | | | |
|------------------------|------------|--------------------------|-----------------|
| Subtotal - Code 45 | | | \$423 |
| Purchase Order Date | Vendor | Check or Journal Entry # | Amount Expended |
| 4/14/21 | Amazon.com | 20712 | \$423 |

Employee Benefits

| | | | Subtotal - Code 80 |
|------------------------|-----------------------|------|--------------------|
| | | | \$32,715 |
| Benefit | States (non-DCS Plan) | Rate | Amount Expended |
| Teacher Retirement | | | |
| Employee Retirement | | | |
| Other Retirement | | | |
| Social Security | | | |
| Worker's Compensation | | | |
| Unemployment Insurance | | | |
| Health Insurance | \$146,538.00 | | \$32,715 |
| Other(Identify) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FINAL EXPENDITURE SUMMARY

| SUBTOTAL | CODE | PROJECT COSTS |
|------------------------|------|---------------|
| Professional Salaries | 15 | \$131,750 |
| Support Staff Salaries | 16 | \$14,788 |
| Purchased Services | 40 | \$455 |
| Supplies and Materials | 45 | \$423 |
| Travel Expenses | 46 | |
| Employee Benefits | 80 | \$32,715 |
| Indirect Cost | 90 | |
| BOCES Services | 49 | |
| Minor Remodeling | 30 | |
| Equipment | 20 | |
| Grand Total | | \$180,131 |

| <u>LOCAL AGENCY INFORMATION</u> | | | |
|---------------------------------|--------------------------------------|----|-----------|
| Agency Code: | 180701040000 | | |
| Project #: | 5890-21-1005 | | |
| Contract #: | | | |
| Agency Name: | Byron-Bergen Central School District | | |
| Funding Dates: | 3/13/2020 | TO | 9/30/2022 |
| Approved Budget Total: | \$ 180,527 | | |

CHIEF ADMINISTRATOR'S CERTIFICATION
By signing this report, I certify to the best of my knowledge and belief that the report 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 Federal (or State) 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. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

_____/_____/_____
Date *Signature*

Name and Title of Chief Administrative Officer

| <u>FOR DEPARTMENT USE ONLY</u> | | | |
|--------------------------------|---------------------|----------------------|---------------|
| <u>Fiscal Year</u> | <u>Amt Expended</u> | <u>Final Payment</u> | <u>Line #</u> |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Voucher # _____ | | Final Payment _____ | |

Finance: Logged _____ Approved _____ MIR _____