## 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 Agen	cy Informatio	n	
Funding Source:	Cares Act - GEER			
Report Prepared By:	Ewa Sanczenko			
Agency Name:	Connetquot CSD			
Mailing Address:	780 Ocean Avenue	Otro o		
		Stree		
	Bohemia	NY	11716	
	City	State	Zip Code	
Telephone # of 631-2	44-2215 ext 3523	County:	Suffolk	
E-mail Address:	Esar	nczenko@ccso	dli.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/.

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	SUPPLIES AND M.	ATERIALS	
		Subtotal - Code 45	\$17,151
Purchase Order Date	Vendor	Check or Journal Entry #	Amount Expended
08/17/2021	Dell Computers	136	\$17,151

		\$11,354
Name of BOCES	Check or Journal Entry #	Amount Expended
astern Suffolk Boces	819128	\$3,194
astern Suffolk Boces	223070	\$8,160
	astern Suffolk Boces	estern Suffolk Boces 819128

## FINAL EXPENDITURE SUMMARY

Support Staff Salaries  Purchased Services  Supplies and Materials  Travel Expenses  Employee Benefits  Indirect Cost  BOCES Services  4  Winor Remodeling  3	15 16 40		Agency Code:					
Purchased Services  Supplies and Materials  Fravel Expenses  Employee Benefits  Addirect Cost  SOCES Services  Alinor Remodeling  Grand To  CHIEF ADMINISTRATOR  signing this report, I certify to the chief that the report is true, complete that the report is true, complete the composes and objectives set forth in	-				58050	0706000	00	
Supplies and Materials  Fravel Expenses  Employee Benefits  Addirect Cost  Cos	40		1					
Employee Benefits  Employee Benefits  Addirect Cost  BOCES Services  Alinor Remodeling  Equipment  CHIEF ADMINISTRATOR  signing this report, I certify to the clief that the report is true, complete expenditures, disbursements and curposes and objectives set forth in			Project #:	5	895-21	-3140		
Employee Benefits  andirect Cost  BOCES Services  Alinor Remodeling  Equipment  CHIEF ADMINISTRATOR  signing this report, I certify to the clief that the report is true, completed by the complete spenditures, disbursements and courposes and objectives set forth in	45	\$17,151						
Adding the second secon	46		Contract #:					
Alinor Remodeling 3  Equipment 2  Grand To  CHIEF ADMINISTRATOR  Signing this report, I certify to the clief that the report is true, complete the complete that the report is true, and composes and objectives set forth in	80		Agency Name:	y Name: Connetquot CSD				
Grand To  CHIEF ADMINISTRATOR  signing this report, I certify to the dief that the report is true, complete the penditures, disbursements and curposes and objectives set forth in	90		Funding Dates:	3/13/2	020	то	9/30/20	)22
Grand To  CHIEF ADMINISTRATOR  signing this report, I certify to the dief that the report is true, complex penditures, disbursements and curposes and objectives set forth in	19	\$11,354	Approved Budge	t Total: \$	35,568			
CHIEF ADMINISTRATOR signing this report, I certify to the dief that the report is true, comple expenditures, disbursements and courposes and objectives set forth in	30			•				
CHIEF ADMINISTRATOR signing this report, I certify to the lief that the report is true, comple expenditures, disbursements and courposes and objectives set forth in	20							
signing this report, I certify to the lief that the report is true, comple expenditures, disbursements and c arposes and objectives set forth in	otal	\$28,505	Ē	OR DEPA	RTMEN	IT USE	ONLY	
ctitious, or fraudulent information, naterial fact, may subject me to critice alternation fraud, false statements J.S. Code Title 18, Section 1001 a	e best ete, and cash re n the te aware or the iminal, s, false	of my knowledge and d accurate, and the ceipts are for the erms and conditions of that any false, omission of any civil, or administrative claims, or otherwise.	Fiscal Year	Amt Ex	pended	Final	Payment	Line #
730 and 3801-3812).	anα πι							
Date S	Signa	D WKWN ture		·				<del></del>
Lynda G Adams	S	uper in tendent				)		
Name and Title of Chief A	Admir	nistrative Officer	Voucher	# 		Fina	al Payment	t 
Finance: L	.ogge		Approved					

	i i		
-eFI21	GRANT	S FINANCE	
ENTRY DATE 10/31/23		STATUS REPORT	RUN DATE 10/31/22
PROJECT 589521314		ACT - GEER	
SED CODE 580507060		QUOT CSD	
NYC DOC #	COMILE.	2001 002	
NIC DOC #	BUDGET DETAI	L INFORMATION	Mark *
PROF SALARY 15	0.00	BEGIN DATE	03/13/20
NON PROF SALARY 16	0.00	END DATE	09/30/22
PURCH SERVICES 40	0.00	AMENDMENT #	002
SUPP & MATERIAL 45		CONTRACT #	
TRAVEL EXPENSE 46	0.00 V		
EMP BENEFITS 80	0.00	REFUND CHECK #	
INDIRECT COST 90		IND COST RATE	13.2
BOCES SERVICES 49	11,354.00 √		N
REMODELING 30	0.00	1111 2210	•
EQUIPMENT 20	0.00		
EQUIPMENT 20	0.00		
	BUDGET SUMMA	RY INFORMATION	
FUNDYEAR BU	UDGET SPLITS	PAID TO DATE	OUTSTANDING ENC
589521	0.00	0.00	0.00
589520	28,505.00	28,505.00	0.00
589519	0.00	0.00	0.00
369319	0.00	0.00	0.00
	0.00	0.00	0.00
TOTAL	28,505.00	28,505.00	0.00
IOIAL	20,303.00	20,000.00	
	LOG AND CON	ITRACT DATES	
RECEIVE			APPROVED
BUDGET 04/13/23		CONTRACT	
INTERIM	1 04/13/21	0011111101	
FINAL 10/25/22	2 10/31/22		
FINAL 10/25/28	2 10/31/22		
	CASH	DETAIL	
ENTRY DOC # TRAI	NS ENC RPT LINE		JNDYR MIR PD DT STAT
041321 535738F INI			9520 041321 PAID
123121 559521F PAY			9520 122321 PAID
103122 584833F FINA			9520 102522 ENT
20222 00:000:	000, 00	,	

THIS FINAL EXPENDITURE REPORT HAS BEEN PROCESSED BY THE NEW YORK STATE EDUCATION DEPARTMENT. THIS SUMMARY REPLACES THE SIGNED COPY.