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 Information | | | |
|---|----------------------|-------------------|------------|---|--|
| Funding Source: | Governor's Emergency | / Education Relie | ef (GEER2) | i | |
| Report Prepared By: | Deborah Ayers | | | | |
| Agency Name: | LaFayette CSD | | | | |
| Mailing Address: | 5955 Route 20 W | | | | |
| | Street | | | | |
| | LaFayette | NY | 13084 | | |
| | City | State | Zip Code | l | |
| Telephone # of Report Preparer: | 396.9111 | County: | Onondaga | | |
| E-mail Address: dayers@lafayetteschools.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/quidance/.

| | SUPPLIES AND MAT | ERIALS | |
|---------------------|----------------------------|----------------------------|-----------------|
| | | Subtotal - Code 45 | \$69,888 |
| Purchase Order Date | Vendor | Check or Journal Entry# | Amount Expended |
| 4/30/2022 | Healthway Family of Brands | 298 | \$69,888 |

| | INDIRECT COST | |
|----|--|-------|
| | Modified Direct Cost Base Sum of all preceding subtotals (codes 15, 16, 40, 45, 46, and 80, excluding the portion of each subcontract exceeding \$25,000 and any flow through funds) | |
| B. | Approved Restricted Indirect Cost Rate(%) (enter X.X) | 1.0% |
| C. | Subtotal - Code 90 | \$699 |

For your information, maximum direct cost base =

\$69,888.00

To calculate Modified Direct Cost Base, reduce maximum direct cost base by the portion of each subcontract exceeding \$25,000 and any flow through funds.

FINAL EXPENDITURE SUMMARY

| SUBTOTAL | CODE | PROJECT COSTS | LC | OCAL AGENCY I | NFORMATI | <u>ON</u> |
|--|--|--|-------------------------|------------------|-----------|-----------|
| Professional Salaries | 15 | | Agency Code: | 42080 | 7040000 | |
| Support Staff Salaries | 16 | | ' | | | |
| Purchased Services | 40 | | Project #: | 5896-21 | -2125 | |
| Supplies and Materials | 45 | \$69,888 | | | | <u> </u> |
| Travel Expenses | 46 | | Contract #: | | | |
| Employee Benefits | 80 | | Agency Name: | _aFayette CSD | • | |
| Indirect Cost | 90 | \$699 | Funding Dates: | 3/13/2020 | TO 9 | /30/2023 |
| BOCES Services | 49 | | Approved Budget | Total: \$ 70,587 | | |
| Minor Remodeling | 30 | | | | | |
| Equipment | 20 | | | | | |
| Gran | d Total | \$70,587 | FOR DEPARTMENT USE ONLY | | | |
| CHIEF ADMINISTR By signing this report, I certify belief that the report is true, c expenditures, disbursements purposes and objectives set f the Federal (or State) award. fictitious, or fraudulent inform material fact, may subject me penalties for fraud, false state (U.S. Code Title 18, Section 1 3730 and 3801-3812). // Date | to the be omplete, and cash orth in the I am awa ation, or t to crimin ements, fa 1001 and | est of my knowledge and and accurate, and the receipts are for the e terms and conditions of are that any false, he omission of any hal, civil, or administrative alse claims, or otherwise. | <u>Fiscal Year</u> | Amt Expended | Final Pay | ment Line |
| Name and Title of Ch | ief Adn | ninistrative Officer | Voucher | # | Final Pa | ayment |

 Finance:
 Logged______
 Approved______
 MIR______