

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:	CARES ACT - GEER		
Report Prepared By:	HOLLY WEIGHTMAN		
Agency Name:	SARANAC CENTRAL SCHOOL DISTRICT		
Mailing Address:	PO BOX 8		
	Street		
	SARANAC	NY	12981
	City	State	Zip Code
Telephone # of Report Preparer:	518-565-5603	County: <span style="border: 1px solid black; padding: 2px;">CLINTON</span>	
E-mail Address:	hweightman@saranac.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			\$24,153
Name	Position Title	Beginning and End Dates of Work	Salary Paid
NANCY LIOTTA	TEACHER	7/1/2020 - 6/30/2021	\$24,153

PURCHASED SERVICES			
Subtotal - Code 40			\$8,383
Encumbrance Date	Provider of Service	Check or Journal Entry #	Amount Expended
1/13/2021	CLINTON COUNTY DEPARTMENT OF SOCIAL SERVICES	190298	\$3,306
1/13/2021	CLINTON COUNTY DEPARTMENT OF SOCIAL SERVICES	190715	\$2,538
1/13/2021	CLINTON COUNTY DEPARTMENT OF SOCIAL SERVICES	191180	\$2,539

SUPPLIES AND MATERIALS			
			Subtotal - Code 45
			\$20,832
Purchase Order Date	Vendor	Check or Journal Entry #	Amount Expended
3/09/2021	MAC JANITORIAL	190460	\$675
6/08/2021	LENOVO (US) INC	190921	\$4,550
8/27/2020	LENOVO (US) INC	190047	\$6,910
11/17/2020	CDW COMPUTER CENTER INC	190428	\$1,110
10/29/2020	CDW COMPUTER CENTER INC	190240	\$555
8/24/2020	CDW COMPUTER CENTER INC	189787	\$3,412
9/24/2021	CDW COMPUTER CENTER INC	191484	\$1,950
2/01/2022	CDW COMPUTER CENTER INC	192079	\$1,670

**Employee Benefits**

			Subtotal - Code 80
			\$1,848
Benefit	Salaries (from codes 15 and 16)	Rate	Amount Expended
Teacher Retirement			
Employee Retirement			
Other Retirement			
Social Security	\$24,153.00	7.65%	\$1,848
Worker's Compensation			
Unemployment Insurance			
Health Insurance			
<b>Other(Identify)</b>			

### FINAL EXPENDITURE SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$24,153
Support Staff Salaries	16	
Purchased Services	40	\$8,383
Supplies and Materials	45	\$20,832
Travel Expenses	46	
Employee Benefits	80	\$1,848
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
<b>Grand Total</b>		<b>\$55,216</b>

**LOCAL AGENCY INFORMATION**

Agency Code: 091402060000

Project #: 5895210515

Contract #:

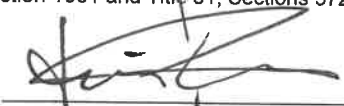
Agency Name:

Funding Dates: 3/13/2020 TO 9/30/2022

Approved Budget Total: \$ 55,216

**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).

10/19/22 

Date Signature

Javier Perez, Superintendent

**Name and Title of Chief Administrative Officer**

**FOR DEPARTMENT USE ONLY**

<u>Fiscal Year</u>	<u>Amt Expended</u>	<u>Final Payment</u>	<u>Line #</u>

Voucher # Final Payment

Finance: Logged \_\_\_\_\_ Approved \_\_\_\_\_ MIR \_\_\_\_\_