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)

| | = Re | equi | red | Field |
|--|------|------|-----|-------|
|--|------|------|-----|-------|

| | Local Age | ency Information | on , |
|----------------------|------------------|------------------|----------|
| Funding Source: | CARES ACT - ESSE | RF | |
| Report Prepared By: | HOLLY WEIGHTMAN | N | |
| Agency Name: | SARANAC CENTRAI | SCHOOL DIS | TRICT |
| Mailing Address: | PQ BOX 8 | * | Y |
| | | Stree | t |
| · | SARANAC | NY | 12981 |
| | City | State | Zip Code |
| Telephone # of S18-5 | 65-5603 | County: | CLINTON |
| E-mail Address: | hwei | ghtman@saran | ac.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 PRO | FESSIONAL STAFF | |
|-----------------|----------------------|---------------------------------|---------------|
| | , | Subtotal - Code 15 | \$181,364 |
| Name | Position Title | Beginning and End Dates of Work | Salary Paid * |
| Gregory Claus | Teacher | 9/1/2020 - 6/30/2021 | \$74,085 |
| Nicole Sproule | Guidance Counselor | 9/1/2020 - 6/30/2021 | \$56,756 |
| Michelle Cutter | Social Work Services | 9/1/2021 - 6/30/2022 | \$50,523 |
| | | | |

| SALARIES FOR SUPPORT STAFF | | | | |
|----------------------------|----------------|------------------------------------|-------------|--|
| Subtotal - Code 16 \$60,60 | | | | |
| Name | Position Title | Beginning and End Dates of Work | Salary Paid | |
| Chadwick Olsen | Help Desk Tech | 07/01/2020 - 6/30/2021 | \$31,017 | |
| Chadwick Olsen | Help Desk Tech | 07/01/2021 - 07/30/2021 | \$966 | |
| Austin Bulluck | Help Desk Tech | 07/1/2021 - 06/30/2022 | \$25,063 | |
| Daisy Filiion | Help Desk Tech | 07/1/2021 - 06/30/2022 | \$3,561 | |

| Employee Benefits | | | | |
|--------------------------------|---------------------------------|-------------------|-----------------|--|
| ÷ | Su | ibtotal - Code 80 | \$79,828 | |
| Benefit | Salaries (from codes 15 and 16) | Rate | Amount Expended | |
| Teacher Retirement (2020-2021) | \$130,841.00 | 9.53% | \$12,469 | |
| Employee Retirement | \$20,986.00 | 9.70% | \$2,036 | |
| Other Retirement - ERS | \$9,909.00 | 10.80% | \$1,070 | |
| Social Security | \$241,971.00 | 7.65% | \$17,641 | |
| Worker's Compensation | | | , , , , , , | |
| Unemployment Insurance | | | | |
| Health Insurance | \$241,971.00 | | \$38,863 | |
| Other(Identify) | | | 700,000 | |
| Teacher Retirement (2021-2022) | \$50,523.00 | 9.80% | \$4,951 | |
| Employee Retirement 2021-2022) | \$29,590.00 | 10.80% | \$2,798 | |
| • | · · | | 72,700 | |
| | | | | |
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FINAL EXPENDITURE SUMMARY

| No. of Contract of | |
|--|--|
| CODE | PROJECT COSTS |
| 15 | \$181,364 |
| 16 | \$60,607 |
| 40 | · |
| 45 | |
| 46 | |
| 80 | \$79,828 |
| 90 | ٣ |
| 49 | |
| 30 | |
| 20 | |
| d Total | \$321,799 |
| | 15 16 40 45 46 80 90 49 30 20 |

| | <u>L</u> | OCAL AGENCY | INFC | RMATION | |
|---|-----------------|----------------------|-------|-----------|--|
| | Agency Code: | 091402060000 | | | |
| | Project #: | , 58902 [,] | 10516 | | |
| | Contract #: | | | | |
| | Agency Name: | | | | |
| | Funding Dates: | 3/13/2020 | то | 9/30/2022 | |
| 4 | Approved Budget | Total: \$ 325,792 | 2 | | |

| NISTRATOR'S CERTIFICATION certify to the best of my knowledge and true, complete, and accurate, and the ments and cash receipts are for the s set forth in the terms and conditions of ward. I am aware that any false, information, or the omission of any ect me to criminal, civil, or administrative e statements, false Claims, or otherwise. |
|--|
| Signature |
| Superintendent f Chief Administrative Officer |
| |

| FOR DEPARTMENT USE ONLY | | | | |
|-------------------------|----------------|-----------------|------|--|
| Fiscal Year | Amt Expended | Final Payment L | ine# | |
|) | - | | | |
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| | ((| | | |
| | | | | |
| Vouche | r# | Final Payment | > * | |

Finance: Logged_____ Approved____ MIR____