

5/2/23 Mailed Original & Copy

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:	CRRSA - GEER 2	
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: County:

E-mail Address:

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/>.

PURCHASED SERVICES			
Subtotal - Code 40			\$33,843
Encumbrance Date	Provider of Service	Check or Journal Entry #	Amount Expended
9/22/2021	CHAMPLAIN VALLEY FAMILY CENTER	7646	\$4,800
9/22/2021	CHAMPLAIN VALLEY FAMILY CENTER	7652	\$4,800
9/22/2021	CHAMPLAIN VALLEY FAMILY CENTER	7662	\$4,800
9/22/2021	CHAMPLAIN VALLEY FAMILY CENTER	7669	\$4,800
9/22/2021	CHAMPLAIN VALLEY FAMILY CENTER	7679	\$4,800
7/18/2022	CHAMPLAIN VALLEY FAMILY CENTER	7688	\$9,600
7/18/2022	CHAMPLAIN VALLEY FAMILY CENTER	7732	\$243

FINAL EXPENDITURE SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	16	
Purchased Services	40	\$33,843
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$33,843

LOCAL AGENCY INFORMATION

Agency Code: 091402060000

Project #: 5896210515

Contract #:

Agency Name:

Funding Dates: 3/13/2020 TO 9/30/2023

Approved Budget Total: \$ 33,843

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).

5/30/23

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 _____