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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)

| Local Agency Information | | | | |
|---------------------------------------|-------------------------|---|-------------|--|
| Local Agency Information | | | | |
| ELEMENTARY 7 SECONDARY SCHOOL | | | | |
| Funding Source: | EMERGENCY RELIEF | | | |
| <u> </u> | | | | |
| Report Prepared By: | COURTNEY SPRAKER | 2 | | |
| | | *************************************** | | |
| Agency Name: | FABIUS-POMPEY CEN | TRAL SCHO | OL DISTRICT | |
| | | | | |
| Mailing Address: | 1211 MILL STREET | | | |
| | Street | | | |
| | | | | |
| | FABIUS | NY | 13063 | |
| | City | State | Zip Code | |
| | | | | |
| Telephone # of 315- | 433-8344 | County: | ONONDAGA | |
| Report Preparer: | | | | |
| | | | | |
| E-mail Address: cspraker@ocmboces.org | | | | |
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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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| SALARIES FOR PROFESSIONAL STAFF | | | | |
|---------------------------------|------------------------|---------------------------------|-------------|--|
| | | Subtotal - Code 15 | \$93,310 | |
| Name | Position Title | Beginning and End Dates of Work | Salary Paid | |
| DONNA DOODY | FOOD SERVICE WORKER | 10/01/2020 - 06/30/2021 | \$23,384 | |
| DONALD EDWARDS | FOOD SERVICE WORKER | 10/01/2020 - 06/30/2021 | \$23,384 | |
| CHRISTOPHER JORDAN | CUSTODIAL STAFF | 10/01/2020 - 06/30/2021 | \$23,271 | |
| JAMES LINDSAY | CUSTODIAL STAFF | 10/01/2020 - 06/30/2021 | \$23,271 | |

| | PURCHASED SERVICES | | | | |
|------------------|-------------------------|-----------------------------|-----------------|--|--|
| | \$728 | | | | |
| Encumbrance Date | Provider of Service | Check or Journal Entry # | Amount Expended | | |
| 6/30/21 | EAST SYRACUSE MINOA CSD | 191 | \$728 | | |
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| | | | | | |

| | | Subtotal - Code 45 | \$20,922 |
|---------------------|-------------------------|-----------------------------|-----------------|
| Purchase Order Date | Vendor | Check or Journal Entry # | Amount Expended |
| 10/02/2020 | A-VERDI | 37095 | \$198 |
| 10/02/2020 | S&H UNIFORM CORP | 37133 | \$397 |
| 10/02/2020 | HILL & MARKES | 37160 | \$3,332 |
| 10/02/2020 | A-VERDI | 37145 | \$198 |
| 10/01/2020 | WB MASON | 37245 | \$1,621 |
| 11/25/2020 | TULLY CENTRAL SCHOOLS | 37241 | \$500 |
| 10/02/2020 | HILL & MARKES | 37220 | \$3,177 |
| 10/02/2020 | JA DOHERTY | 37221 | \$472 |
| 10/02/2020 | JA DOHERTY | 37265 | \$454 |
| 10/02/2020 | S&H UNIFORM CORP | 37271 | \$615 |
| 10/02/2020 | A-VERDI | 37281 | \$198 |
| 12/17/2020 | NBT BANK | 94 | \$103 |
| 10/02/2020 | PYRAMID SCHOOL PRODUCTS | 37370 | \$130 |
| 11/17/2020 | HILL & MARKES | 37356 | \$1,429 |

| 10/02/2020 | A-VERDI | 37343 | \$198 |
|------------|-------------|-------|---------|
| 10/02/2020 | A-VERDI | 37383 | \$396 |
| 10/02/2020 | A-VERDI | 37437 | \$198 |
| 10/02/2020 | A-VERDI | 37600 | \$198 |
| 10/02/2020 | A-VERDI | 37672 | \$198 |
| 10/02/2020 | A-VERDI | 37750 | \$198 |
| 06/30/2021 | USA SEALING | 192 | \$6,712 |

FINAL EXPENDITURE SUMMARY

| SUBTOTAL | CODE | PROJECT COSTS |
|------------------------|---------|---------------|
| Professional Salaries | 15 | \$93,310 |
| Support Staff Salaries | 16 | |
| Purchased Services | 40 | \$728 |
| Supplies and Materials | 45 | \$20,922 |
| Travel Expenses | 46 | |
| Employee Benefits | 80 | |
| Indirect Cost | 90 | |
| BOCES Services | 49 | |
| Minor Remodeling | 30 | |
| Equipment | 20 | |
| Gran | d Total | \$114,960 |

| LOCAL AGENCY INFORMATION | | | | |
|-----------------------------------|---------------------------|-------|------------|--|
| Agency Code: | ode: 420601040000 | | | |
| Project #: | 5890-21 | -2110 | | |
| Contract #: | | | | |
| Agency Name: | FABIUS-POMPEY DISTRICT | CENT | RAL SCHOOL | |
| Funding Dates: | 3/13/2020 | то | 9/30/2022 | |
| Approved Budget Total: \$ 114,960 | | | | |
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| By signing this report, I belief that the report is | NISTRATOR'S CERTIFICATION certify to the best of my knowledge and 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). | | |
| 7 12722 | Jal J H. C.O. | |
| Date | Signature | |
| | | |

Lloyd L. Pecu Ed.D., Superintendent of Schools

Name and Title of Chief Administrative Officer

| FOR DEPARTMENT USE ONLY | | | | |
|-------------------------|--------------|---------------|--------|--|
| Fiscal Year | Amt Expended | Final Payment | Line # | |
| | | - | | |
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| | | | - | |
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| Voucher # | | Final Paymen | t | |