

Local Agency Information

Funding Source: _____

Report Prepared By: _____

Agency Name: _____

Mailing Address: _____

Street		
_____	_____	_____
City	State	Zip Code

Telephone # of
Report Preparer: _____ County: _____

E-Mail Address: _____

INSTRUCTIONS

- ❖ Agencies should use the FS-10-F Short Form unless directed otherwise in the grant application/RFP or by Department staff. It must be submitted in accordance with report due dates; only the FS-10-F Long Form will be accepted after the due dates.
- ❖ For **State** projects, final expenditure reports are due within **30** days after the project end date. Reports for **Federal** projects are due within **90** days after the project end date. For certain programs, the Department program manager may impose earlier due dates. See the Grant Award Notice for your project to verify the due date.
- ❖ Agencies must record grant expenditure details in a manner consistent with the internal pages of the FS-10-F Long Form and must maintain this information in their files. These details must be readily available upon request from authorized individuals, which include State, federal and local auditors and staff from the Department, the Office of the State Comptroller and federal agencies.
- ❖ Submit one report with original signature and one copy as a two-page form (not back-to-back on a single sheet) 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.
- ❖ Use whole dollar amounts.
- ❖ All encumbrances must have taken place within the approved funding dates of the project.
- ❖ Certification must be signed by Chief Administrative Officer or designee.
- ❖ High-quality computer generated reproductions of this form may be used.
- ❖ For further information about completing the final expenditure report, please refer to the Fiscal Guidelines for Federal and State Aided Grants at www.oms.nysed.gov/cafe/ or contact Grants Finance at grantsweb@mail.nysed.gov or (518) 474-4815.

FINAL EXPENDITURE SUMMARY

FS-10-F Short Form

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

Agency Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Project No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contract #:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Agency Name:	<input type="text"/>								
Project Funding Dates	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
	From				To				
Approved Budget Total	<input type="text"/>								

- * A. Modified Direct Cost Base
- B. Approved Restricted Indirect Cost Rate
- C. (A) x (B) = Total Indirect Cost

\$	(A)
%	(B)
\$	(C)

CHIEF ADMINISTRATOR'S CERTIFICATION

I hereby certify that the reported expenditures have been made in accordance with the provisions of applicable statute, regulation and approved project and budget; that the claim is just and correct; that no part has been paid except as stated; that the balance is actually due and owing; and that proper fund accounting is followed, records are retained for the proper period, and that records will be made available to representatives of the Education Department or the Office of the State Comptroller when requested.

Date Signature

Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLY

Fiscal Year Final Payment

Voucher # Final Payment

Finance:

Log

Approved

MIR