

Local Agency Information

Funding Source: _____

Report Prepared By:

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Agency Name:

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Mailing Address:

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Street

City

State

Zip Code

Telephone # of
Report Preparer:

County:

E-Mail Address:

INSTRUCTIONS

- ❖ Submit one signed original report and one copy directly to Grants Finance, New York State Education Department, Room 510W EB, Albany, NY 12234.
- ❖ Category subtotals must be reported in whole dollar amounts.
- ❖ To be in compliance with applicable audit requirements, complete and accurate records must be maintained at the local level.
- ❖ All encumbrances must have taken place within the approved funding dates of the project.
- ❖ Certification on page 8 must be signed by Chief Administrative Officer or designee.
- ❖ High quality computer generated reproductions of this form may be used.
- ❖ For further information on completing the final expenditure report, please refer to the Fiscal Guidelines for Federal and State Aided Grants which may be accessed at www.oms.nysed.gov/cafe/ or call Grants Finance at (518) 474-4815.
- ❖ For Special Legislative Projects only, a final program narrative report must be submitted with this report.

SALARIES FOR PROFESSIONAL STAFF: Code 15

Include all salaries for professional staff approved for reimbursement in budget.

Name	Position Title	Beginning and Ending Dates of Employment	Salary Paid
Subtotal - Code 15			

SALARIES FOR SUPPORT STAFF: Code 16

Include all salaries for support staff approved for reimbursement in budget.

Name	Position Title	Beginning and Ending Dates of Employment	Salary Paid
Subtotal - Code 16			

PURCHASED SERVICES: Code 40

Encumbrance Date	Provider of Service	Check or Journal Entry #	Amount Expended
Subtotal - Code 40			

SUPPLIES AND MATERIALS: Code 45

Purchase Order Date	Vendor	Check or Journal Entry #	Amount Expended
Subtotal - Code 45			

TRAVEL EXPENSES: Code 46

Dates of Travel	Name of Traveler	Destination and Purpose	Check or Journal Entry	Amount Expended
Subtotal - Code 46				

EMPLOYEE BENEFITS: Code 80

List only the total project salary amount for each benefit category. Benefits may only be claimed for salaries reported in Code 15 or Code 16. Rates used for project personnel must be the same as those used for other agency personnel.

Benefit	Project Salaries	Rate	Amount Expended
Teacher Retirement			
Employee Retirement			
Other Retirement			
Social Security			
Worker's Compensation			
Unemployment Insurance			
Health Insurance			
Other (Identify)			
Subtotal – Code 80			

INDIRECT COST: Code 90

A. Modified Direct Cost Base – Sum of all preceding subtotals (codes 15, 16, 40, 45, 46, and 80 and excludes the portion of each subcontract exceeding \$25,000 and any flow through funds)	\$	(A)
B. Approved Restricted Indirect Cost Rate	%	(B)
C. (A) x (B) = Total Indirect Cost	\$	(C)

Subtotal – Code 90

PURCHASED SERVICES WITH BOCES: Code 49

Encumbrance Date	Name of BOCES	Check or Journal Entry #	Amount Expended
Subtotal – Code 49			

MINOR REMODELING: Code 30

Include expenditures for salaries, associated employee benefits, purchased services and supplies and materials related to alterations to existing sites.

Purchase Order Date Or Dates of Service	Provider of Service	Check or Journal Entry #	Amount Expended
Subtotal – Code 30			

EQUIPMENT: Code 20

Items of equipment purchased must agree in type and number with the equipment approved in the project budget.

Purchase Order Date	Vendor	Check or Journal Entry #	Amount Expended
		Subtotal - Code 20	

HELPFUL REMINDERS

- ❖ Be sure to submit one original and one copy directly to Grants Finance, New York State Education Department, Room 510W EB, Albany, NY 12234.
- ❖ For **State** projects the final expenditure reports are due within **30** days after the project end dates. Reports for **Federal** projects are due within **90** days after the project end dates, although for certain programs, the State Education Department program manager may impose earlier due dates. See the Grant Award Notice for your project to verify the due date.
- ❖ An audited copy of the FS-10-F will be sent to the contact person at the address on Page 1. A window envelope will be used for the return mailing; please make sure that the contact information is accurate, legible and confined to the address field, since a window envelope will be used for the return mailing.
- ❖ All encumbrances must be made within the approved project funding dates, which are indicated on the approved FS-10 as well as the Grant Award Notice. See the Fiscal Guidelines for Federal and State Aided Grants for a detailed explanation of the audit guidelines.
- ❖ Be sure to check your math and carry all subtotals forward to the Summary on Page 8. Simple mathematical errors often require Grants Finance to contact the local agency resulting in unnecessary delays in closeout and final payment. And remember, use whole dollars only.
- ❖ The modified direct cost used in the calculation of indirect cost must exclude equipment, minor remodeling, the portion of each subcontract exceeding \$25,000 and any flow through funds.
- ❖ Be sure to complete the Agency Code and Project # on Page 8. For Special Legislative projects and Grant Contracts, also enter the Contract #.
- ❖ For ease of data entry at the State Education Department, please make sure that Page 8 faces out.

FINAL EXPENDITURE SUMMARY

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		

CHIEF ADMINISTRATOR'S CERTIFICATION

I hereby certify that all expenditures reported herein are directly attributable to this project and have been made in accordance with the approved budget and all applicable Federal and State laws and regulations.

Date **Signature**

Name and Title of Chief Administrative Officer

Agency Code:

Project #:

Contract #:

Agency Name: _____

Project Funding Dates: _____ / ____ / _____ / ____ / _____

From **To**

Approved Budget Total: \$ _____

FOR DEPARTMENT USE ONLY

Fiscal Year	Amount Expended	Final Payment
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

\$ _____

_____ Voucher # Final Payment

Finance:

Log
Approved
MIR