

**QUARTERLY REPORT OF ACTUAL
EXPENSES FOR FEDERAL/
STATE PROJECT**
Form Medicaid FS-10
Revised (12/07)

Contract No.			
Report Prepared By:			
Agency Name:			
Mailing Address:			
	Street		
	City	State	Zip Code
Telephone #:			County: _____
E-Mail Address:			
Quarterly Dates:	____/____/____	____/____/____	
	Start	End	

Include only staff that are employees of the agency. Do not include consultants or central administrative staff that are considered to be indirect costs, e.g., business office staff. The FTE (full-time equivalent) Applied to Medicaid represents the portion of the time a person spends in support of the Medicaid contract. The FTE for this reporting period is calculated by taking the number of full-time weeks worked in the quarter (i.e. 13 weeks in April – June quarter) divided by 52 weeks. Express FTE's to three decimal places, (in above example, FTE = .250).

[illegible]

SALARIES FOR SUPPORT STAFF: Code 16

Include salaries for secretarial and clerical assistance, and for personnel in pupil transportation and building operation and maintenance. Do not include central administrative staff that are considered to be indirect costs, e.g., account clerks. The FTE (full-time equivalent) Applied to Medicaid represents the portion of the time a person spends in support of the Medicaid contract. The FTE for this reporting period is calculated by taking the number of full-time weeks worked in the quarter (i.e. 13 weeks in April – June quarter) divided by 52 weeks. Express FTE's to three decimal places, (in above example, FTE = .250).

Name and Specific Position Title	FTE Applied to Medicaid	Full Annual Salary	Medicaid Salary	FTE for this reporting period	Salary Attributed to this Quarter (FTE x Medicaid Salary)
<i>Ex. – Mary Jones, Clerk</i>	<i>.200</i>	<i>x \$30,000.00</i>	<i>= \$ 6,000.00</i>	<i>x .250</i>	<i>= \$ 1,500.00</i>
Subtotal – Code 16					

PURCHASED SERVICES: Code 40

Include consultants (indicate per diem rate), rentals, and other contractual services. Copies of contracts may be requested by the State Education Department. Purchased Services from a BOCES, if other than applicant agency, should be reported under Purchased Services with BOCES, Code 49.

Description of Item	Provider of Services	Calculation of Cost	Expense
Subtotal - Code 40			

SUPPLIES AND MATERIALS: Code 45

Include computer software, books and equipment items under \$5,000 per unit.

Attach copy of receipts.

Description of Item	Quantity	Unit Cost	Expense
Subtotal - Code 45			

TRAVEL EXPENSES: Code 46

Include transportation, conference costs and travel of staff between sites. Specify agency approved mileage rate for travel by personal car or school-owned vehicle.

Name and Position of Traveler	Destination and Purpose	Calculation of Cost	Expense
Subtotal - Code 46			

EMPLOYEE BENEFITS: Code 80

Rates used for project personnel must be the same as those used for other agency personnel.

Employee Benefit		Expense
Social Security		
Retirement	New York State Teachers	
	New York State Employees	
	Other	
Health Insurance		
Worker's Compensation		
Unemployment 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 any flow through funds)

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

B. Approved Restricted Indirect Cost Rate

C. (A) x (B) = Total Indirect Cost

Subtotal – Code 90

PURCHASED SERVICES WITH BOCES: Code 49

Description of Services	Name of BOCES	Calculation of Cost	Expense
Subtotal – Code 49			

MINOR REMODELING: Code 30

Allowable costs include salaries, associated employee benefits, purchased services, and supplies and materials related to alterations to existing sites.

Description of Work Performed	Calculation of Cost	Expense
Subtotal – Code 30		

EQUIPMENT: Code 20

All equipment to be purchased in support of this project with a unit cost of \$5,000 or more should be itemized in this category. Equipment items under \$5,000 should be reported under Supplies and Materials, Code 45. Repairs of equipment should be reported under Purchased Services, Code 40.

Description of Item	Quantity	Unit Cost	Expense
Subtotal – Code 20			

EXPENSE 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 the expense amounts are necessary for the implementation of this project and that this agency is in compliance with applicable Federal and State laws and regulations.

Date _____

Signature

Name and Title of Chief Administrative Officer

SEND TO:

Kelly Gicobbi
Education Finance Specialist 1
STAC, Special Aids & Medicaid Unit
New York State Education Department
89 Washington Avenue
Room 514W EB
Albany, New York 12234

Phone: (518) 486-7828

Fax: (518) 402-5047

FOR DEPARTMENT USE ONLY

Funding Dates: _____ / _____ / _____ From _____ To _____

Program _____
Approval: _____ Date: _____

Fiscal Year

Amount Budgeted

First Payment
