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 Agend	y Information		
Funding Source:	CARES ACT - GEER			
Report Prepared By:	Sarah Conyers			
Agency Name:	North Colonie Central School District			
Mailing Address: 91 Fiddler Lane				
	Street			
	Latham	NY	12110	
	City	State	Zip Code	
Telephone # of 518-1	785-8591	County: Alb	pany	
E-mail Address: sarahconyers@ncolonie.org				

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/.

	SALARIES FOR PRO	FESSIONAL STAFF	
		Subtotal - Code 15	\$68,562
Name	Position Title	Beginning and End Dates of Work	Salary Paid
Weimer, Nicole	Librarian	9/1/2020-6/30/21	\$68,562

SUPPLIES AND MATERIALS			
		Subtotal - Code 45	\$274
Purchase Order Date	Vendor	Check or Journal Entry#	Amount Expended
1/21/22	Amazon	309442	\$137
6/13/22	Citizens Bank	311307	\$69
6/22/22	Amazon	311472	\$68

1	Employee Benefits		4
	Si	ubtotal - Code 80	\$9,652
Benefit	Salaries (from codes 15 and 16)	Rate	Amount Expended
Teacher Retirement			
Employee Retirement			
Other Retirement			
Social Security	\$68,562.00	7.65	\$427
Worker's Compensation			
Unemployment Insurance			
Health Insurance			\$9,225
Other(Identify)			

	INDIRECT COST	
	Modified Direct Cost Base Sum of all preceding subtotals (codes 15, 16, 40, 45, 46, and 80, excluding the portion of each subcontract exceeding \$25,000 and any flow through funds)	
B.	Approved Restricted Indirect Cost Rate(%) (enter X.X)	
C.	Subtotal - Code 90	

For your information, maximum direct cost base =

\$78,488.00

To calculate Modified Direct Cost Base, reduce maximum direct cost base by the portion of each subcontract exceeding \$25,000 and any flow through funds.

FINAL EXPENDITURE SUMMARY

SUBTOTAL	CODE	PROJECT COSTS	<u>L</u>	OCAL AGENCY IN	NFORMATION .
Professional Salaries	15	\$68,562	Agency Code:	010623	3060000
Support Staff Salaries	16				
Purchased Services	40		Project #:	5895-21-0	0035
Supplies and Materials	45	\$274	12		
Travel Expenses	46		Contract #:		
Employee Benefits	80	\$9,652	Agency Name:	North Colonie Centra	al School District
Indirect Cost	90		Funding Dates:	3/13/2020	TO 9/30/2022
BOCES Services	49		Approved Budge	et Total: \$ 78,488	
Minor Remodeling	30				
Equipment	20				
Grand Total \$78,488			FOR DEPARTMENT USE ONLY		
CHIEF ADMINISTR By signing this report, I certify belief that the report is true, of expenditures, disbursements purposes and objectives set of the Federal (or State) award. fictitious, or fraudulent inform material fact, may subject me penalties for fraud, false state (U.S. Code Title 18, Section 2) 3730 and 3801-3812).	to the becomplete, and cash forth in the lam awa ation, or to criminements, far	est of my knowledge and and accurate, and the receipts are for the eterms and conditions of are that any false, he omission of any al, civil, or administrative alse claims, or otherwise.	Fiscal Year ———	Amt Expended	Final Payment Line #
Date	Sigi	nature			
Name and Title of Ch	ief Adn	ninistrative Officer	Vouche	r#	Final Payment

Finance: Logged_____ Approved____ MIR____