



Grants Finance, Room 510W, Education Building, Albany, NY 12234  
 Tel. (518) 474-4815 Fax (518) 486-4899  
 Email: GRANTSWEB@NYSED.GOV

<b>Grant Award Recipient</b>  SUPERINTENDENT MILLBROOK CSD 43 ALDEN PL MILLBROOK,NY 12545-0127	<b>Date</b> 04/14/21
	<b>Project Number</b> 5895210710
	<b>Agency Code</b> 132201040000
<b>Funding Source</b> CARES ACT - GEER	<b>DUNS Number</b> 178005070
<b>CFDA Index Number</b> 84425C	<b>Law</b> PL 116-136 CARES ACT
<b>Federal Award Identification Number (FAIN)</b> S425C200020  THE PROJECT MAY BE PAID FROM OTHER AWARDS WITH DIFFERENT FAINS DEPENDING ON PERIOD OF AVAILABILITY OF FEDERAL FUNDS AND THE APPROVED PROJECT PERIOD.	<b>Regulations</b> EDGAR & 2CFR AS APPLIC.
	<b>Commissioner's Regulations</b> NA
<b>Federal Award Date</b> 05/22/20 THIS FEDERAL AWARD IS NOT FOR RESEARCH AND DEVELOPMENT.	<b>Maximum Indirect Cost Rate</b> SUB-RECIPIENT HAS AN ANNUAL NEGOTIATED INDIRECT COST RATE W/NYSED (THE PASS THROUGH ENTITY)
<b>Federal Awarding Agency</b> US DEPT OF ED.	<b>Funding Dates/Period of Performance</b> 03/13/20-09/30/22
<b>Approved Budget Total*</b> \$17,181 *IF THE SUB-AWARD IS \$25,000 OR MORE, IT IS SUBJECT TO REPORTING REQUIREMENTS UNDER FEDERAL FUNDING AND TRANSPARENCY ACT (FFATA) OF 2006.	<b>First Payment</b> \$3,436
	<b>Final Report (FS-10-F Long Form) Due</b> 12/29/22
<b>SED Fiscal Contact</b>  SARAH MARTIN (518)474-4815	<b>SED Program Contact</b>  ERICA MEAKER CARESACT@NYSED.GOV (518)473-0295

It is the sub-recipient's responsibility to conduct activities in accordance with applicable statutes, regulations, policies, terms, conditions and assurances. All grants are subject to further review, monitoring and audit to ensure compliance. The Department has the right to recoup funds if the approved activities are not performed and/or the funds are expended inappropriately.

In accordance with Section 41 of the State Finance Law, the State shall have no liability under this grant to the grantee or to anyone else beyond funds appropriated and available for this grant. The approved budget (FS-10) will be sent under separate cover. Please retain this document with your files.

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)**

= Required Field

Local Agency Information		
Funding Source:	CARES ACT - GEER	
Report Prepared By:	ASHLEY BURHANS	
Agency Name:	MILLBROOK CENTRAL SCHOOL DISTRICT	
Mailing Address:	PO BOX AA ALDEN	
	Street	
	MILLBROOK	12571
	NY	
	City	Zip Code
Telephone # of Report Preparer:	845-677-4200 X1103	County: DUTCHES
E-mail Address:	ASHLEY.BURHANS@MILLBROOKCSD.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/cafeguidance/>.



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PURCHASED SERVICES			
Subtotal - Code 40			<b>\$2,235</b>
Encumbrance Date	Provider of Service	Check or Journal Entry #	Amount Expended
8/28/20	ZOOM (via VISA)	64688	\$1,235
8/21/20	Educational Vistas	64704	\$1,000

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$14,946
Purchase Order Date	Vendor	Check or Journal Entry #	Amount Expended
9/1/2020	Gear Guys LLC	64566	\$3,140
9/4/20	Grainger Inc	64808	\$545
11/2/20	Gear Guys LLC	64806	\$5,696
2/25/21	Sterling Sanitary Supply	65190	\$350
7/8/20	Williams Lumber	65195	\$428
7/29/20	Aramark	64397	\$1,026
7/29/20	Aramark	64690	\$124
4/14/20	Walmart	64276	\$82
5/13/20	EA Morse	64006	\$870
5/19/20	Grainger Inc	64410	\$1,280
7/31/20	Gear Guys LLC	64545	\$1,375
4/21/20	Reardon Briggs	64287	\$30



## INSTRUCTIONS

- This long form final expenditure report tool contains 12 worksheets – 1 for agency information, 1 for each of the 10 expense categories, and 1 for the final expenditure summary. To go to the other worksheets, click on the tabs below.
- Complete all of the green-shaded fields on the Local Agency Information and Final Expenditure Summary pages. It is very important that the agency name and address, agency code and project number be accurate. For special legislative projects and grant contracts, also enter the contract number.
- To enter expenditure information for a particular category, select that tab and enter the required data. Dollar amounts in the Salary Paid/Amount Expended columns of the worksheets will be automatically subtotaled on the worksheets, and the subtotals will be carried over to the Final Expenditure Summary worksheet. Dollar amounts will be rounded automatically to the closest whole number. The subtotals and the Final Expenditure Summary will automatically be recalculated if the dollar amounts are changed or new information is added.
- Large amounts of text in the description boxes may not be completely visible. To accommodate extra text, expand the row height by dragging the line below the row number until the row is at the appropriate height.
- On the indirect cost category worksheet, the Maximum Direct Cost Base listed below the chart is the total of codes 15, 16, 40, 45, 46 and 80. To compute the amount in row A. - Modified Direct Cost Base, subtract the portion of each subcontract exceeding \$25,000 and any flow through funds from the Maximum Direct Cost Base. Enter the agency's indirect cost rate as a whole number plus one decimal (2.1%, for example).
- To save the completed report, select File / Save As, rename the file, select the appropriate location on your computer, and click OK.
- To preview a completed report, select File / Print and then click the Preview button.
- To print a completed report, select File / Print and then click OK. Only completed pages will print.
- When assembling the report, please make sure that the Final Expenditure Summary worksheet faces out.
- For additional information about preparing final expenditure reports, please refer to Fiscal Guidelines for Federal and State Grants at <http://www.oms.nysed.gov/cafe/guidance/>.

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Report Prepared By:	ASHLEY BURHANS
Agency Name:	MILLBROOK CENTRAL SCHOOL DISTRICT
Mailing Address:	PO BOX AA ALDEN
	Street
	MILLBROOK NY 12571
	City State Zip Code
Telephone # of Report Preparer:	845-677-4200 X1103
County:	DUTCHESS
E-mail Address:	ASHLEY.BURHANS@MILLBROOKCSD.ORG

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SALARIES FOR PROFESSIONAL STAFF			
			Subtotal - Code 15
Name	Position Title	Beginning and End Dates of Work	Salary Paid

SALARIES FOR SUPPORT STAFF			
			Subtotal - Code 16
Name	Position Title	Beginning and End Dates of Work	Salary Paid

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7/31/20	Gear Guys LLC	64545	\$1,375
4/21/20	Reardon Briggs	64287	\$30

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

## Employee Benefits

Subtotal - Code 80			
Benefit	Salaries (from codes 15 and 16)	Rate	Amount Expended
Teacher Retirement			
Employee Retirement			
Other Retirement			
Social Security			
Worker's Compensation			
Unemployment Insurance			
Health Insurance			
<b>Other(Identify)</b>			

INDIRECT COST		
A.	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 = \$17,181.00

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.

PURCHASED SERVICES WITH BOCES			
Subtotal - Code 49			
Encumbrance Date	Name of BOCES	Check or Journal Entry #	Amount Expended

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

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



= Required Field

Local Agency Information			
<b>Funding Source:</b>	Governor's Emergency Education Relief (GEER)		
<b>Report Prepared By:</b>	Brian S. Fried		
<b>Agency Name:</b>	Millbrook Central School District		
<b>Mailing Address:</b>	PO Box AA		
	Street		
	Millbrook	NY	12545
	City	State	Zip Code
<b>Telephone # of Report Preparer:</b>	845.677.4222	<b>County:</b> Dutchess	
<b>E-mail Address:</b>	brian.fried@millbrookcsd.org		
<b>Project Funding Dates:</b>	3/13/2020 Start	9/30/2022 End	

INSTRUCTIONS
<ul style="list-style-type: none"> <li>◦ Submit the original FS-10 Budget and the required number of copies along with the completed application directly to the appropriate State Education Department office as indicated in the application instructions for the grant program for which you are applying. DO NOT submit this form to Grants Finance.</li>   <li>◦ The Chief Administrator's Certification on the Budget Summary worksheet must be signed by the agency's Chief Administrative Officer or properly authorized designee.</li>   <li>◦ An approved copy of the FS-10 Budget will be returned to the contact person noted above. A window envelope will be used; please make sure that the contact information is accurate and confined to the address field without altering the formatting.</li>   <li>◦ For information on budgeting refer to the Fiscal Guidelines for Federal and State Aided Grants at <a href="http://www.oms.nysed.gov/cafe/guidance/">http://www.oms.nysed.gov/cafe/guidance/</a>.</li> </ul>

**PURCHASED SERVICES**

Subtotal - Code 40			\$2,235
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Software for Online Meetings	Zoom	\$1,235.00	\$1,235
Creation of Daily Screener	Educational Vistas	\$1,000.00	\$1,000

**SUPPLIES AND MATERIALS**

Subtotal - Code 45			\$14,946
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Tubs of Alcohol Wipes	30 cs.	\$131.70	\$3,951
N95 Masks	500.00	\$3.49	\$1,745
Electrostatic Sprayers	2.00	\$1,570.00	\$3,140
Covid Masks	12626.00	\$0.45	\$5,682
Face Shields	90.00	\$4.75	\$428

**BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	16	
Purchased Services	40	2235
Supplies and Materials	45	14,946
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$0
		<b>17,181</b>

Agency Code:

Project #:

Contract #:

Agency Name:

**FOR DEPARTMENT USE ONLY**

Funding Dates: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Program Approval: \_\_\_\_\_ Date: \_\_\_\_\_

<u>Fiscal Year</u>	<u>First Payment</u>	<u>Line #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Voucher #	First Payment	

**CHIEF ADMINISTRATOR'S CERTIFICATION**

*By signing this report, I certify to the best of my knowledge and belief that the report is 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).*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Laura Mitchell, Superintendent of Schools**  
Name and Title of Chief Administrative Officer

**BUDGET NARRATIVE**

<b>LEA: Millbrook Central School District</b>	<b>FOR TITLE: Governor's Emergency Education Relief (GEER)</b>
<b>BEDSCODE: 132201040000</b>	

**\*\* MUST BE SUBMITTED WITH EACH BUDGET IN THE CONSOLIDATED APPLICATION**

If using Transferability, please indicate on the Budget Narrative and FS-10 the amount of funds to be included under transferability in the budget categories where funds will be used. Example: In the Title IIA budget under Code 15 – Transferability - Title I Reading Teacher – FTE.35 - \$15,000.

<b>CODE/ BUDGET CATEGORY</b>	<b>EXPLANATION OF EXPENDITURES IN THIS CATEGORY (as it relates to the program narrative for this title)</b>
<i>Code 15 Professional Salaries</i>	
<i>Code 16 Support Staff Salaries</i>	
<i>Code 40 Purchased Services</i>	<i>Zoom was required to be able to engage in Remote Learning and have Board of Education meetings to comply with the Open Meetings Law.</i>
<i>Code 45 Supplies and Materials</i>	<i>Personal, Protective Equipment, and alcohol wipes and custodial sanitizing supplies (electrostatic sprayers) are needed.</i>
<i>Code 46 Travel Expenses</i>	

<i>CODE/ BUDGET CATEGORY</i>	<i>EXPLANATION OF EXPENDITURES IN THIS CATEGORY (as it relates to the program narrative for this title)</i>
<i>Code 80 Employee Benefits</i>	
<i>Code 90 Indirect Cost</i>	
<i>Code 49 BOCES Services</i>	
<i>Code 30 Minor Remodeling</i>	
<i>Code 20 Equipment</i>	