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 Agen	cy Information		
Funding Source:	CARES Act - ESSER			
Report Prepared By:	Annette S. Rhebergen			
Agency Name:	Southwestern Central s	School District		
Mailing Address:	600 Hunt Rd. WE			
		Street		
	Jamestown	NY	14701	
	City	State	Zip Code	
Telephone # of Report Preparer: 716-4	84-1136	County: Cha	iutauqua	
E-mail Address:	arhet	ergen@swcsk12.or	9	

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 PROF	ESSIONAL STAFF	NL STAFF	
		Subtotal - Code 15	\$226,235	
Name	Position Title	Beginning and End Dates of Work	Salary Paid	
Carolyn Becker	Elementary Teacher	09/01/20-06/30/21	\$43,778	
Nicholas Baglia	High School Teacher	09/01/20-06/30/21	\$42,786	
Cody Hiller	Middle School Teacher	09/01/20-06/30/21	\$42,650	
Jacob Burkholder	Special Education Teacher	09/01/20-06/30/21	\$40,750	
Rachael Frisbee	Middle School Teacher	09/01/20-06/30/21	\$56,271	

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	SUPPLIES AND	MATERIALS	
		Subtotal - Code 45	\$1,763
Purchase Order Date	Vendor	Check or Journal Entry#	Amount Expended
03/03/22	Amazon	225624	\$1,504
03/03/22	Amazon	225723	\$28
03/03/22	Amazon	225915	\$7
08/24/22	Amazon	226231	\$224

	Employee Benefits		
	S	ubtotal - Code 80	\$60,489
Benefit	Salaries (from codes 15 and 16)	Rate	Amount Expended
Teacher Retirement	\$226,235.00	0.0953	\$21,560
Employee Retirement			
Other Retirement			
Social Security	\$226,235.00	0.08	\$15,327
Worker's Compensation			
Unemployment Insurance			
Health Insurance			\$23,602
Other(Identify)			
		in the second second	

FINAL EXPENDITURE SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$226,235
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	\$1,763
Travel Expenses	46	
Employee Benefits	80	\$60,489
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grar	nd Total	\$288,487

Agency Code:	0602010600	00
Project #:	5890-21-0315	
Contract #:		
Agency Name:	Southwestern Central Sch	ool District
Funding Dates:	3/13/2020 TO	9/30/2022
\pproved Budge	et Total: \$ 288,628	

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 Name and Title of Chief Administrative Officer

iscal Year	Amt Expended	Final Payment	Line #
			Parameter in commence and the second
Voucher	· #	Final Paymen	t

Finance: Logged_____ Approved____ MIR_____