## 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)

= Red	quired	Field

	Local Ager	ncy Information	
Funding Source:	ARP IDEA - Part B, Se	ection 619	
Report Prepared By:	Penny Johnston, Distr	ct Treasurer	
Agency Name: \	/ictor Central School I	District	
Mailing Address:	953 High Street		
		Street	
	Victor	NY	14564
	City	State	Zip Code
Telephone # of 585-92	24-3252 Ext. 1414	County: Onta	ario
E mail Address		ann Quiataracha ala a	
E-mail Address:	JOHNSU	onp@victorschools.c	119

## 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/.

		Subtotal - Code 40	\$11,745
Encumbrance Date	Provider of Service	Check or Journal Entry #	Amount Expended
2/27/23	Clinical Associates of the FingerLakes	6086	\$4,640
3/21/23	Wayne ARC	6094	\$435
8/9/23	Mary Cariola	6123	\$870
8/21/23	Finger Lakes United Cerebral Palsy, Inc	6127	\$5,800

SUPPLIES AND MATERIALS			
		Subtotal - Code 45	\$6,707
Purchase Order Date	Vendor	Check or Journal Entry #	Amount Expended
5/16/23	Playlearn USA, Inc	6103	\$3,215
5/16/23	Amazon Capital Services	6106	\$3,302
9/30/23	Amazon Capital Services	JE #082	\$190
			*

	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)	\$22,286
B.	Approved Restricted Indirect Cost Rate(%) (enter <b>X.X</b> )	2.0%
C.	Subtotal - Code 90	\$446

For your information, maximum direct cost base =

\$18,452.00

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	
Professional Salaries	15		
Support Staff Salaries	16		
Purchased Services	40	\$11,745	
Supplies and Materials	45	\$6,707	
Travel Expenses	46		
Employee Benefits	80		
Indirect Cost	90	\$446	
BOCES Services	49		
Minor Remodeling	30		
Equipment	20		
Gran	nd Total	\$18,898	
CHIEF ADMINISTRATOR'S CERTIFICATION			

<u>l</u>	OCAL AGENCY INFORMATION
Agency Code:	431701060000
Project #:	5533220673
Contract #:	
Agency Name:	Victor Central School District
Funding Dates:	7/1/2021 TO 9/30/2023
Approved Budge	et Total: \$ 22,732

20				
nd Total	\$18,898			
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).				
Sigr	nature			
Tim Terranova, Superintendent Name and Title of Chief Administrative Officer				
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FOR DEPARTMENT USE ONLY				
<u>Fiscal Year</u>	Amt Expended	Final Payment	Line#	
Vouch	er#	Final Paymen	t	

Finance: Logged\_\_\_\_\_ Approved\_\_\_\_ MIR\_\_\_\_

CF121 ENTRY DATE 10/26/23 PROJECT 5533220673 SED CODE 431701060000 NYC DOC #	PROJECT ARP-I	TS FINANCE STATUS REPORT DEA PART B SEC 61 R CSD	RUN DATE 10/26/23
	BUDGET DETA	IL INFORMATION	
PROF SALARY 15	0.00	BEGIN DATE	07/01/21
NON PROF SALARY 16	0.00		09/30/23
PURCH SERVICES 40	11,745.00		001
SUPP & MATERIAL 45	6,707.00	CONTRACT #	002
TRAVEL EXPENSE 46	0.00	STOP DATE	
EMP BENEFITS 80	0.00	REFUND CHECK #	
INDIRECT COST 90	370.00	IND COST RATE	2.0
BOCES SERVICES 49	0.00	INT ELIG	N
REMODELING 30	0.00		
EQUIPMENT 20	0.00		
	BUDGET SUMM	ARY INFORMATION	
	ET SPLITS	PAID TO DATE	OUTSTANDING ENC
	18,822.00	18,822.00	0.00
553321	0.00	0.00	0.00
553320	0.00	0.00	0.00
	0.00	0.00	0.00
	0.00	0.00	0.00
TOTAL	18,822.00	18,822.00	0.00
		NTRACT DATES	
RECEIVED	ENTERED		APPROVED
BUDGET 05/13/22	05/16/22	CONTRACT	
INTERIM	30/06/00		
FINAL 10/25/23	10/26/23		
	CACU	DETAIL	
ENTRY DOC # TRANS I			UNDYR MIR PD DT STAT
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102623 619826F FINAL (			3322 000623 FATE
	20, 20	13,301.00 33	USE TOUSES ENT

THIS FINAL EXPENDITURE REPORT HAS BEEN PROCESSED BY THE NEW YORK STATE EDUCATION DEPARTMENT. THIS SUMMARY REPLACES THE SIGNED COPY.