

21-22      22-23  
 230,377.22      257,076

25-27  
 - 1,714.94 =

Your copy

497,558.00  
 5,104.78

The University of the State of New York  
**THE STATE EDUCATION DEPARTMENT**  
 Grants Finance, Rm. 510W EB  
 Albany, New York 12234

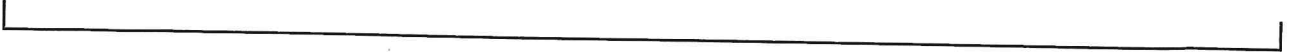
**FINAL EXPENDITURE REPORT FOR A  
 FEDERAL OR STATE PROJECT  
 FS-10-F Long Form (03/15)**

= Required Field

Local Agency Information		
Funding Source:	CRRSA_ESSER2	
Report Prepared By:	Michelle Tikalsky      Patricia Service	
Agency Name:	Oriskany CSD	
Mailing Address:	1313 Utica Street	
	Street	
	Oriskany	NY      13424
	City	State      Zip Code
Telephone # of Report Preparer:	315-768-2051	County: <span style="border: 1px solid black; padding: 2px;">Oneida</span>
E-mail Address:	mtikalsky@oriskanycsd.org    pservice@oneida-boces.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 PROFESSIONAL STAFF			
Subtotal - Code 15			\$319,767
Name	Position Title	Beginning and End Dates of Work	Salary Paid
Dziekowicz Sarah	Teacher Assistant	09/01/21-6/30/23	\$31,083
Janes, Garret	classroom Teacher	09/01/21-6/30/23	\$89,168
kraeger, Stacey	classroom teacher	09/01/21-6/30/23	\$76,282
Tuttle Heather	Reading Teacher	09/01/21-6/30/23	\$123,234

312,948.28

319,767.<sup>00</sup>  
 ( 319,475.42 ) thru 6/30/23

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526 units

Employee Benefits			
Subtotal - Code 80			\$172,791
Benefit	Salaries (from codes 15 and 16)	Rate	Amount Expended
Teacher Retirement	\$326,352.00	actual for each year	\$28,074
Employee Retirement			
Other Retirement			
Social Security	\$326,352.00	0.08	\$24,967
Worker's Compensation			
Unemployment Insurance			
Health Insurance		varied	\$119,750
<b>Other(Identify)</b>			

~~172,791.00~~  
 167,977.80  


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 48,813.20

### FINAL EXPENDITURE SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$319,767
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$172,791
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
<b>Grand Total</b>		<b>\$492,558</b>

**LOCAL AGENCY INFORMATION**

Agency Code: 412901040000

Project #: 5891-21-2075

Contract #:  

Agency Name: Oriskany CSD

Funding Dates: 3/13/2020 TO 9/30/2022

Approved Budget Total: \$ 492,558

**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).

10/13/23

Date Signature

Gregory Cuthbertson, Superintendent

Name and Title of Chief Administrative Officer

**FOR DEPARTMENT USE ONLY**

<u>Fiscal Year</u>	<u>Amt Expended</u>	<u>Final Payment</u>	<u>Line #</u>
Voucher #	Final Payment		

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