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 So	ource:	ESSER					
Report Prepare	ed By:	Kevin Sommers					
Agency Name:		Oriskany CSD					
Mailing Address:		1313 Utica Street	Street				
		Oriskany City	NY State	Zip Code			
Telephone # of Report Preparer:	315-758-2058		County: One	eida			
E-mail Address:	ksommer@oriskanycsd.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/.

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SALARIES FOR PROFESSIONAL STAFF							
		Subtotal - Code 15	\$101,000				
Name	Position Title	Beginning and End Dates of Work	Salary Paid				
Claudette Lucky	RTI Coordinator	9/01/20-6/30/21	\$82,000				
DeFabio, Stacy	Google Certified Trainer	9/01/20-6/30/21	\$2,967				
Janes, Garrett	Google Certified Trainer	9/01/20-6/30/21	\$1,783				
Millick, Robin	Google Certified Trainer	9/01/20-6/30/21	\$2,375				
Tuttle, Jon	Google Certified Trainer	9/01/20-6/30/21	\$2,375				
Seamon, Deondra	Google Certified Trainer	9/01/20-6/30/21	\$2,375				
Valente, Lauren	Google Certified Trainer	9/01/20-6/30/21	\$2,375				
Smith, Sarah	Google Certified Trainer	9/01/20-6/30/21	\$2,375				
Brown, Alyssa	Google Certified Trainer	9/01/20-6/30/21	\$2,375				

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FINAL EXPENDITURE SUMMARY

FINAL EXPENDITURE SUMMARY							
SUBTOTAL	CODE	PROJECT COSTS	<u> </u>	LOCAL AGENCY INFORMATION			
Professional Salaries	15	\$101,000	Agency Code:	412901040000			
Support Staff Salaries	16						
Purchased Services	40		Project #:	5890212075			
Supplies and Materials	45						
Travel Expenses	46		Contract #:	:			
Employee Benefits	80	\$33,858	Agency Name:	: Oriskany CSD			
Indirect Cost	90		Funding Dates:	: 3/13/2029 TO 9/30/2022			
BOCES Services	49		Approved Budge	et Total: \$ 134,858			
Minor Remodeling	30						
Equipment	20						
Grand Total \$134,858			FOR DEPARTMENT USE ONLY				
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			Fiscal Year ———————————————————————————————————	Amt Expended Final Payment Line #			
Name and Title of Chief Administrative Officer			Vouche	er# Final Payment			

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 Finance:
 Logged______
 Approved______
 MIR______