

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:	ARP ESSER Summer Learning & Enrichment	
Report Prepared By:	Debby Kerimian	
Agency Name:	Westbury UFSD	
Mailing Address:	2 Hitchcock Lane	
	Street	
	Old Westbury	NY 11568
	City	State Zip Code

Telephone # of Report Preparer:	516-874-1869	County:	Nassau
---------------------------------	--------------	---------	--------

E-mail Address:

**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/>.



PURCHASED SERVICES			
Subtotal - Code 40			\$394,959
Encumbrance Date	Provider of Service	Check or Journal Entry #	Amount Expended
06/30/2023	Plaza Theatrical Productions, Inc.	Ck 17417	\$9,000
09/15/2023	Pyrric LLC	Ck 17477	\$900
09/15/2023	Club X Youthniversity Inc	Ck 17459	\$55,000
09/15/2023	Nastter And Assoicates LLC	Ck 17475	\$5,412
08/07/2024	Mint Holdings LLC dba Catalyst Academics	TEMP CK 845713	\$219,647
08/18/2022	Club X Youthniversity Inc	08/185/2022	\$105,000

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$10,040
Purchase Order Date	Vendor	Check or Journal Entry #	Amount Expended
05/24/2022	Really Good Stuff	16773	\$510
05/24/2022	Island School & Art Supply	16805	\$402
05/22/2022	Oriental Trading Co.	16793	\$335
07/05/2022	Staples Incorporated	16862	\$3,527
08/26/2022	Café Gino's	16875	\$485
08/26/2022	Punta Cana Grill	16868	\$383
05/24/2023	Sharda Paper Inc.	17397	\$1,940
06/02/2023	Cascade School Supplies, Inc	17389	\$372
06/02/2023	School Specialty, LLC	17423	\$122
06/02/2023	Pyramid School Products	17395	\$1,375
06/02/2023	WB Mason	17399	\$14
06/30/2023	Barnes & Noble	17414	\$319
07/01/2022	Really Good Stuff	16816	\$256


PURCHASED SERVICES WITH BOCES			
Subtotal - Code 49			\$1,023,600
Encumbrance Date	Name of BOCES	Check or Journal Entry #	Amount Expended
06/17/2022	Boces of Nassau County	16759	\$178,179
06/28/2022	Cradle of Aviation Museum	16802	\$1,800
01/12/2023	Boces of Nassau County	17116	\$63,476
01/12/2023	Boces of Nassau County	17116	\$146,319
07/18/2023	Boces of Nassau County	17618	\$633,826



### FINAL EXPENDITURE SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	16	
Purchased Services	40	\$394,959
Supplies and Materials	45	\$10,040
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	\$1,023,600
Minor Remodeling	30	
Equipment	20	
<b>Grand Total</b>		<b>\$1,428,599</b>

**LOCAL AGENCY INFORMATION**

Agency Code: 280401030000

Project #: 5882-21-1620

Contract #:  

Agency Name: Westbury UFSD

Funding Dates: 3/30/2020 TO 9302024

Approved Budget Total: \$ 1,648,248

**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).

10/17/2024

*Tahira Supree Chay*

Date Signature

*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 \_\_\_\_\_