

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 3

Report Prepared By: Catherine Platt

Agency Name: Haldane CSD

Mailing Address: 15 Craigsides Drive

Street

Cold Spring

NY

10516

City

State

Zip Code

Telephone # of
 Report Preparer: 845-265-9254

County: Putnam

E-mail Address: cplatt@haldaneschool.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			\$128,209
Name	Position Title	Beginning and End Dates of Work	Salary Paid
AMY PASTULA	TEACHER	9/1/21-6/30/22	\$49,258
AMY PASTULA	TEACHER	9/1/22-6/30/23	\$54,634
AMY PASTULA	TEACHER	9/1/23-6/30/24	\$24,317

PURCHASED SERVICES			
Subtotal - Code 40			\$6,716
Encumbrance Date	Provider of Service	Check or Journal Entry #	Amount Expended
6/30/21	DURANTS RENTALS	536	\$6,716

Employee Benefits			
Subtotal - Code 80			\$59,411
Benefit	Salaries (from codes 15 and 16)	Rate	Amount Expended
Teacher Retirement			\$12,822
Employee Retirement			
Other Retirement			
Social Security			\$9,807
Worker's Compensation			
Unemployment Insurance			
Health Insurance			\$34,839
Other(Identify)			
UNION WELFARE			\$1,943

FINAL EXPENDITURE SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$128,209
Support Staff Salaries	16	
Purchased Services	40	\$6,716
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$59,411
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$194,336

LOCAL AGENCY INFORMATION

Agency Code:

480401040000

Project #:

5880-21-2450

Contract #:

Agency Name: Haldane CSD

Funding Dates:

3/13/2020

TO

9/30/2024

Approved Budget Total: \$

194,481

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).

10/15/24*Carl L. Albano*

Date

Signature

Carl Albano, Interim Superintendent

Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLYFiscal YearAmt ExpendedFinal PaymentLine #

Voucher #

Final Payment

Finance: Logged _____

Approved _____

MIR _____