

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-ESSER 2	
Report Prepared By:	DONNA MEYERS	
Agency Name:	CAZENOVIA CENTRAL SCHOOLS	
Mailing Address:	31 EMORY AVENUE	
	Street	
	CAZENOVIA	13035-1098
	City	Zip Code
	NY	State
Telephone # of Report Preparer:	315-655-5307	County: MADISON
E-mail Address:	DMEYERS@CAZ.CNYRIC.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			\$530,616
Name	Position Title	Beginning and End Dates of Work	Salary Paid
AMANDA DENTON	GR 1 TEACHER	7/01/20-6/30/21	\$66,885
LINDA LIDELL	GR 2/3 TEACHER	7/01/20-6/30/21	\$65,585
ASHLEY LAWLESS	GR 4 REMOTE TCHR	7/01/20-6/30/21	\$47,968
KRISTEN STICKLE	AIS TEACHER	7/01/20-6/30/21	\$78,576
BRIANNE TUGAW	AIS TEACHER	7/01/20-6/30/21	\$75,323
AMY SUMNER	DO ADMIN INTERN	7/01/21-6/30/22	\$66,259
PATRICK RUDDY	COORD OF PUPIL PERSONNEL	7/01/21-6/30/22	\$29,869
BENJAMIN NEW	COOR OF CURRICULUM/INSTR	7/01/21-6/30/22	\$29,868
VICTORIA GALBRAITH	ELEM SCHL PSYCHOLOGIST	7/01/21-6/30/22	\$35,538
MICAEL SPEIRS	MS PSYCHOLOGIST	7/01/21-6/30/22	\$20,240
WENDY FIELD MALLARD	MS TEACHING ASSISTANT	7/01/21-6/30/22	\$14,505

SALARIES FOR SUPPORT STAFF

Subtotal - Code 16			\$69,950
Name	Position Title	Beginning and End Dates of Work	Salary Paid
CHRISTOPHER ANDERSON	BUS DRIVER	7/01/20-6/30/21	\$13,327
CHARLES CURTIS	BUS DRIVER	7/01/20-6/30/21	\$50,677
RENEE FULLER	NURSE	9/01/21-6/24/22	\$1,946
KATRINA PUSHLAR	NURSE	9/01/21-6/24/22	\$2,000
KATHLEEN HUDSON	NURSE	9/01/21-6/24/22	\$2,000

PURCHASED SERVICES			
Subtotal - Code 40			\$38,228
Encumbrance Date	Provider of Service	Check or Journal Entry #	Amount Expended
12/21/2022	MADISION COUNTY DEPT OF MENTAL HEALTH	38108	\$10,904
12/21/2022	MADISION COUNTY DEPT OF MENTAL HEALTH	37521	\$7,806
06/30/2023	MADISION COUNTY DEPT OF MENTAL HEALTH	38793	\$8,150
05/17/2023	MARLA REGER, MENTAL HEALTH COORDINATOR	4109	\$1,243
06/01/2023	MARLA REGER, MENTAL HEALTH COORDINATOR	4112	\$4,680
6/22/2023	MARLA REGER, MENTAL HEALTH COORDINATOR	4114	\$2,790
6/30/2023	MARLA REGER, MENTAL HEALTH COORDINATOR	4117	\$2,655

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$94,094
Purchase Order Date	Vendor	Check or Journal Entry #	Amount Expended
12/16/21	CDW-G	4404	\$55,032
12/28/21	CDW-G	784	\$14,584
02/09/22	CDW-G	4050	\$24,478

Employee Benefits

Subtotal - Code 80			\$209,429
Benefit	Salaries (from codes 15 and 16)	Rate	Amount Expended
Teacher Retirement	\$530,616.00	9.53%,9.80%	\$51,097
Employee Retirement	\$64,004.00	18.3-23.10%	\$12,353
Other Retirement			
Social Security	\$594,620.00	7.65%	\$45,488
Worker's Compensation			
Unemployment Insurance			
Health Insurance	\$594,620.00	Family/Single	\$100,491
Other(Identify)			
Teacher Retirement			

PURCHASED SERVICES WITH BOCES			
Subtotal - Code 49			\$8,000
Encumbrance Date	Name of BOCES	Check or Journal Entry #	Amount Expended
11/02/2022	ONONDAGA CORTLAND MADISON BOCES	490	\$8,000

EQUIPMENT			
Subtotal - Code 20			\$200,000
Purchase Order Date	Vendor	Check or Journal Entry #	Amount Expended
05/24/2023	NYE AUTOMOTIVE GROUP	4110	\$58,537
5/31/2023	JACK MCNERNEY CHEVROLET	4111	\$17,155
06/30/2023	GRASSLAND EQUIPMENT	4116	\$124,308

FINAL EXPENDITURE SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$530,616
Support Staff Salaries	16	\$69,950
Purchased Services	40	\$38,228
Supplies and Materials	45	\$94,094
Travel Expenses	46	
Employee Benefits	80	\$209,429
Indirect Cost	90	
BOCES Services	49	\$8,000
Minor Remodeling	30	
Equipment	20	\$200,000
Grand Total		\$1,150,317

LOCAL AGENCY INFORMATION			
Agency Code:	250201060000		
Project #:	5891-21-1285		
Contract #:			
Agency Name:	CAZENOVIA CENTRAL SCHOOLS		
Funding Dates:	3/13/2020	TO	9/30/2023
Approved Budget Total:	\$ 1,150,317		

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).

7/25/23

Date Signature

Christopher DiFulvio, 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 _____

The University of the State of New York
THE STATE EDUCATION DEPARTMENT

PROPOSED AMENDMENT FOR
FEDERAL OR STATE PROJECT
FS-10-A (03/15)

Received
MAY 20 2022
Office of Accountability

= Required Field

Agency Name:	CAZENOVIA CENTRAL SCHOOLS	MADISON
Mailing Address:	31 EMORY AVENUE	County
	CAZENOVIA, NY 13035	

Agency Code:	<input type="text" value="250201060000"/>	Amendment #:	<input type="text" value="001"/>
Project Number:	<input type="text" value="5891-21-1285"/>		
Contract #:	<input type="text"/>		
Contact Person:	<input type="text" value="DONNA MEYERS"/>	Tel:	<input type="text" value="315-655-5307"/>
E-mail Address:	<input type="text" value="DMEYERS@CAZ.CNYRIC.ORG"/>		

INSTRUCTIONS

- Submit the original and two copies directly to the same State Education Department office where budget was mailed. DO NOT submit this form to Grants Finance.
- This form need only be submitted for budget changes that require prior approval as follows:
 - Personnel positions, number and type
 - Equipment items having a unit value of \$5,000 or more, number and type
 - Minor remodeling
 - Any increase in a budget subtotal (professional salaries, purchased services, travel, etc.) by more than 10 percent or \$1,000, whichever is greater
 - Any increase in the total budget amount.
- Amendment # at top of this page must be completed.
- If extra room is needed for explanations, expand the rows using the row breaks on the left.
- Do not use the FS-10-A for requesting a project extension.

CHIEF ADMINISTRATOR'S CERTIFICATION

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, & accurate, & the expenditures, disbursements, & cash receipts are for the purposes & objectives set forth in the terms & 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: 4/29/22 Signature: [Signature]

FOR DEPARTMENT USE ONLY

Program Approval:	<u>[Signature]</u>	Date:	<u>May 25 2022</u>
Finance:	<input type="text" value="5/26/22"/> Logged	<input checked="" type="checkbox"/> <input type="text" value="5/27/22"/> Approved	

RECEIVED

1 of 3 MAY 25 2022

4/29/2022 1:50 PM

GRANTS FINANCE

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 - Professional Salaries			
16 - Support Staff Salaries	FOR ADDITIONAL WEEKEND HOURS WORKED BY DISTRICT NURSES TO DO CONTACT TRACING	\$6,000	
40 - Purchased Services	TO COVER CONTRACTED MENTAL HEALTH COORDINATOR EXPENSE	\$38,000	
45 - Supplies & Materials			
46 - Travel Expenses			
80 - Employee Benefits	HEALTH INSURANCE EXPENSE WAS LESS THAN ANTICIPATED		\$38,000
90 - Indirect Cost			
49 - Boces Services	BOCES SERVICES WERE LESS THAN ANTICIPATED		\$6,000
30 - Minor Remodeling			
20 - Equipment			
ENTER BUDGET >	Total Increase or Decrease:	(+)	\$ 44,000
	Net Increase or Decrease:		\$ 0
	Previous Budget Total:		\$ 1,150,317

Proposed Amended Total:	\$	1,150,317
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