

* Mailed 7/30/21

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: CARES ACT - ESSERF

Report Prepared By: DONNA MEYERS

Agency Name: CAZENOVIA CSD

Mailing Address: 31 EMORY AVENUE

Street

CAZENOVIA

NY

13035-1098

City

State

Zip Code

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			\$75,019
Name	Position Title	Beginning and End Dates of Work	Salary Paid
VICTORIA LYNN GALBRAITH	SCHOOL PSYCHOLOGIST	07/01/2020-06/30/2021	\$12,702
COLLINS, ELIZABETH	SCHOOL PSYCHOLOGIST	07/01/2020-06/30/2021	\$31,882
TARSEL, MOLLY	SCHOOL PSYCHOLOGIST	07/01/2020-06/30/2021	\$30,435

PURCHASED SERVICES			
Subtotal - Code 40			\$50,000
Encumbrance Date	Provider of Service	Check or Journal Entry #	Amount Expended
09/30/2020	MARLA VELKY-REGER	32582	\$1,840
10/21/2020	MARLA VELKY-REGER	32679	\$3,780
10/28/2020	MARLA VELKY-REGER	32724	\$3,330
12/09/2020	MARLA VELKY-REGER	32970	\$6,120
12/22/2020	MARLA VELKY-REGER	33032	\$3,375
01/13/2021	MARLA VELKY-REGER	33085	\$3,375
1/27/2021	MARLA VELKY-REGER	33127	\$3,645
02/10/2021	MARLA VELKY-REGER	33186	\$3,555
03/03/2021	MARLA VELKY-REGER	33334	\$4,365
03/18/2021	MARLA VELKY-REGER	33415	\$4,185
03/30/2021	MARLA VELKY-REGER	33477	\$2,655
05/05/2021	MARLA VELKY-REGER	33630	\$8,100
05/19/2021	MARLA VELKY-REGER	33707	\$1,675

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$1,051
Purchase Order Date	Vendor	Check or Journal Entry #	Amount Expended
06/30/2021	CDWG	1552	\$1,051

FINAL EXPENDITURE SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$75,019
Support Staff Salaries	16	
Purchased Services	40	\$50,000
Supplies and Materials	45	\$1,051
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$126,070

LOCAL AGENCY INFORMATION			
Agency Code:	250201060000		
Project #:	5890-21-1285		
Contract #:			
Agency Name:	CAZENOVIA CSD		
Funding Dates:	3/13/2020	TO	9/30/2022
Approved Budget Total:	\$ 126,070		

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).

7/26/21 _____
 Date Signature

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 _____