

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:	Tracey Freemantle		
Agency Name:	Rotterdam-Mohonasen CSD		
Mailing Address:	2072 Curry Road		
	Street		
	Schenectady	New York	12303
	City	State	Zip Code
Telephone # of Report Preparer:	518-356-8235		County: Schenectady
E-mail Address:	Tfreemantle@mohonasen.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 SUPPORT STAFF			
Subtotal - Code 16			\$325,385
Name	Position Title	Beginning and End Dates of Work	Salary Paid
Larry Brassard	Computer Technician	3/13/20-9/30/22	\$39,218
Thomas Cimchowski	Sr. Computer Technician	3/13/20-9/30/22	\$70,816
James Dilbone	Director of Technology	3/13/20-9/30/22	\$83,617
Frank DiNola	Computer Technician	3/13/20-9/30/22	\$62,461
Lorene Gallo	Computer Technician	3/13/20-9/30/22	\$43,202
Shane Albertin	Compute Help Desk Specialist	3/13/20-9/30/22	\$26,071

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$3,914
Purchase Order Date	Vendor	Check or Journal Entry #	Amount Expended
6/28/21	Hill & Markes	31319	\$508
5/10/21	Hill & Markes	31310	\$268
5/18/21	Amazon	31313	\$266
7/13/21	BSN Sports	31321	\$766
5/19/21	Acture Solution	31314	\$1,307
8/22/22	Amazon	32236	\$799

FINAL EXPENDITURE SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$12,670
Support Staff Salaries	16	\$325,385
Purchased Services	40	
Supplies and Materials	45	\$3,914
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$341,969

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

Mr. Shannon Shine
 Superintendent

Name and Title of Chief Administrative Officer

LOCAL AGENCY INFORMATION

Agency Code: 530515060000

Project #: 5890-21-2750

Contract #:

Agency Name: Rotterdam-Mohonasen CSD

Funding Dates: 3/13/2020 TO 9/30/2022

Approved Budget Total: \$342,209

FOR DEPARTMENT USE ONLY

Fiscal Year Amt Expended Final Payment Line #

Voucher #

Final Payment

Finance: Logged _____ Approved _____ MIR _____