

### Local Agency Information

Funding Source: \_\_\_\_\_

Report Prepared By: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

_____		
_____		
_____		
Street		
_____	_____	_____
City	State	Zip Code

Telephone # of Report Preparer: \_\_\_\_\_ County: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### INSTRUCTIONS

- ❖ Agencies must maintain complete and accurate records and may be requested to provide additional detail to support reported expenditures.
- ❖ 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.
- ❖ All encumbrances must have taken place within the approved funding dates of the project.
- ❖ Use whole dollar amounts.
- ❖ Certification on page 8 must be signed by Chief Administrative Officer or designee.
- ❖ High-quality computer generated reproductions of this form may be used.
- ❖ For further information about completing the final expenditure report, please refer to the Fiscal Guidelines for Federal and State Aided Grants at [www.oms.nysed.gov/cafe/](http://www.oms.nysed.gov/cafe/) or contact Grants Finance at [grantsweb@mail.nysed.gov](mailto:grantsweb@mail.nysed.gov) or (518) 474-4815.

**SALARIES FOR PROFESSIONAL STAFF: Code 15**

Include all salaries for professional staff approved for reimbursement in budget.

Name	Position Title	Beginning and Ending Dates of Employment	Salary Paid
Subtotal - Code 15			

**SALARIES FOR SUPPORT STAFF: Code 16**

Include all salaries for support staff approved for reimbursement in budget.

Name	Position Title	Beginning and Ending Dates of Employment	Salary Paid
Subtotal - Code 16			

**PURCHASED SERVICES: Code 40**

Encumbrance Date	Provider of Service	Check or Journal Entry #	Amount Expended
Subtotal - Code 40			

**SUPPLIES AND MATERIALS: Code 45**

Purchase Order Date	Vendor	Check or Journal Entry #	Amount Expended
Subtotal - Code 45			

**TRAVEL EXPENSES: Code 46**

Dates of Travel	Name of Traveler	Destination and Purpose	Check or Journal Entry	Amount Expended
Subtotal - Code 46				

**EMPLOYEE BENEFITS: Code 80**

List only the total project salary amount for each benefit category. Benefits may only be claimed for salaries reported in Code 15 or Code 16. Rates used for project personnel must be the same as those used for other agency personnel.

Benefit	Project Salaries	Rate	Amount Expended
Teacher Retirement			
Employee Retirement			
Other Retirement			
Social Security			
Worker's Compensation			
Unemployment Insurance			
Health Insurance			
Other (Identify)			
Subtotal – Code 80			

**INDIRECT COST: Code 90**

A. Modified Direct Cost Base – Sum of all preceding subtotals (codes 15, 16, 40, 45, 46, and 80 and excludes the portion of each subcontract exceeding \$25,000 and any flow through funds)	\$	(A)
B. Approved Restricted Indirect Cost Rate	%	(B)
C. (A) x (B) = Total Indirect Cost	\$	(C)

Subtotal – Code 90

**PURCHASED SERVICES WITH BOCES: Code 49**

Encumbrance Date	Name of BOCES	Check or Journal Entry #	Amount Expended
Subtotal – Code 49			

**MINOR REMODELING: Code 30**

Include expenditures for salaries, associated employee benefits, purchased services and supplies and materials related to alterations to existing sites.

Purchase Order Date Or Dates of Service	Provider of Service	Check or Journal Entry #	Amount Expended
Subtotal – Code 30			

**EQUIPMENT: Code 20**

Items of equipment purchased must agree in type and number with the equipment approved in the project budget.

<b>Purchase Order Date</b>	<b>Vendor</b>	<b>Check or Journal Entry #</b>	<b>Amount Expended</b>
		Subtotal - Code 20	

## REMINDERS

- ❖ Be sure to submit one report with original signature and one copy directly to Grants Finance, New York State Education Department, Room 510W EB, Albany, NY 12234.
- ❖ Agencies should use the FS-10-F **Short Form** unless the report is being submitted beyond the report due date or if they were directed otherwise in the grant application/RFP or by Department staff.
- ❖ For State projects, final expenditure reports are due within 30 days after the project end date. Reports for federal projects are due within 90 days after the project end date. For certain programs, the Department program manager may impose an earlier due date. See the Grant Award Notice to verify the due date.
- ❖ After review by Grants Finance, a copy of the FS-10-F will be sent to the contact person at the address on Page 1. A window envelope will be used for the return mailing; please be sure that the contact information is accurate, legible and confined to the address field.
- ❖ All encumbrances must be made within the approved project funding dates, which are indicated on the approved FS-10 as well as on the Grant Award Notice. See the Fiscal Guidelines for Federal and State Aided Grants at <http://www.oms.nysed.gov/cafe/> for a detailed explanation of the review process.
- ❖ Be sure to check your math and carry all subtotals forward to the Summary on Page 8. Simple mathematical errors often require Grants Finance to contact the local agency, resulting in unnecessary delays in closeout and final payment. Use whole dollars only.
- ❖ The modified direct cost used in the calculation of indirect cost cannot include equipment, minor remodeling, the portion of each subcontract exceeding \$25,000 and any flow-through funds.
- ❖ Be sure to complete the agency code and project # on Page 8. For Special Legislative Projects and grant contracts, also enter the contract #.
- ❖ Please make sure that Page 8 faces out.

## FINAL EXPENDITURE SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		

**CHIEF ADMINISTRATOR'S CERTIFICATION**

*I hereby certify that all expenditures reported herein are directly attributable to this project and have been made in accordance with the approved budget and all applicable Federal and State laws and regulations.*

\_\_\_\_\_

**Date** **Signature**

\_\_\_\_\_

**Name and Title of Chief Administrative Officer**

**Agency Code:**

**Project #:**

**Contract #:**

**Agency Name:** \_\_\_\_\_

**Project Funding Dates:** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**From** **To**

**Approved Budget Total:** \$ \_\_\_\_\_

**FOR DEPARTMENT USE ONLY**

Fiscal Year	Amount Expended	Final Payment
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

\$ \_\_\_\_\_

\_\_\_\_\_ Voucher # Final Payment

Finance:

**Log** **Approved** **MIR**