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 Age	ncy Information			
Funding Source:	CARÉS ACT- GEER				
Report Prepared By:	LISA MORSE				
Agency Name:	EVANS BRANT CSD	(LAKESHORE)			
Mailing Address:	959 BÉACH RD	Street			
	ANGOLA City	NY State	14006 70 Code		
Telephone # of Report Preparer: 716-6	72-3289	County: ERIE	Zip Gode		
E-mail Address:	LMC	DRSE@E2CCB.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 SUPPORT STAFF					
	***	Subtotal - Code 16	\$ 53, 7 57		
Name	Position Title	Beginning and End Dates of Work	Salary Paid		
ANDREA JAKIEL	CT10	9-1-2020 TO 6-30-2021	\$467		
EMILY M LUDWIG	CT12	9-1-2020 TO 6-30-2021	\$53,290		

	Employee Benefits		
	Subtotal - Code 80 \$23,830		
Benefit	Salaties (from codes 15 and 16)	Rate Amount Expended	
Teacher Retirement			
Employee Retirement	\$53,757.00	\$9,054	
Other Retirement			
Social Security	\$53,757.00	\$4,071	
Worker's Compensation			
Unemployment Insurance			
Health Insurance	\$53,757.00	\$10,705	
Other(Identify)			

FINAL EXPENDITURE SUMMARY

	s loss de la constante	SAMPLE CONTROL BUILDS SETTINGS TO MAKE THE CONTROL OF THE CONTROL	PENDITURE SUMMARY
SUBTOTAL	CODE	PROJECT COSTS	LOCAL AGENCY INFORMATION
Professional Salaries	15		Agency Code: 141401060000
Support Staff Salaries	16	\$53,757	
Purchased Services	40	·	Project #: 5895-21-0790
Supplies and Materials	45		
Travel Expenses	46		Contract #:
Employee Benefits	80	\$23,830	Agency Name: EVANS BRANT CSD (LAKESHORE)
Indirect Cost	90		Funding Dates: 3/13/2020 TO 9/30/2022
BOCES Services	49		Approved Budget Total: \$ 77,587
Minor Remodeling	30		
Equipment	20		
Gran	d Total	\$77,587	FOR DEPARTMENT USE ONLY
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 burposes and objectives set forth in the terms and conditions of the Federal (or State) award. I am aware that any false,			Fiscal Year Amt Expended Final Payment Line #
fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative		e omission of any	
penalties for fraud, false statements, false claims, or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-		se claims, or otherwise.	
3730 and 3801-3812).		Hollings	
Date	Sign	ature	
harts for the	, G	e on ambodiant	
Name and Title of Chi	ef Adm	inistrative Officer	Voucher # Final Payment

Finance: Logged_____ Approved___

MIR__