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)

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	Section 2 Section	er om er væreræret bleve	,
Funding Source:	CARES ACT-ESSER		
Report Prepared By:	Carolyn Oliveri		
Agency Name:	Wilson Central School	ol District	
Mailing Address:	374 Lake St		
	Contract Contract	Street	
	Wilson	NY	14120
	City	State	Zip Code

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 use 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/.

SA	LARIES FOR PROFE	ESSIONAL STAFF	
		Subtotal - Code 15	\$99,329
Name .	Position Title	Beginning and End Dates of Work	Salary Paid
	Elem Teacher	9/1/2020-6/30/2021	\$37,644
	Elem Teacher	9/1/2020-6/30/2021	\$36,142
	Spec Ed Teacher	9/1/2020-6/30/2021	\$25,543

	PURCHASED SEF	RVICES	
		Subtotal - Code 40	\$750
Encumbrance Date	Provider of Service	Check or Journal Entry #	Amount Expended
8/12/2020	Dr. Darryl Tonemah	138163	\$750
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	SUPPLIES AND MAT	ERIALS	
		Subtotal - Code 45	\$58,483
Purchase Order Date	Vendor	Check or Journal Entry #	Amount Expended
08/14/2020	Shiffler Equipment Sales	137993	\$15,897
07/17/2020	Staples Inc	138451	\$32,038
05/26/21	Boom Learning	139079	\$1,738
05/26/21	Presentation Concepts Corp	139981	\$2,610
06/22/21	Dell Marketing	139629	\$870
07/29/2020	Bdobmeier Janitor Supply	137955	\$2,100
07/15/2020	JR Photo Design	137914	\$3,230
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			N.

	Employee Benefit	S	
	Subtotal - Code 80		
Benefit	Salaries (from codes 15 an	d Rate	Amount Expended
Teacher Retirement			
Employee Retirement			
Other Retirement			
Social Security			\$7,586
Worker's Compensation	50 (4) 50 (5) 94 (5)		
Unemployment Insurance	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		
Health Insurance	(A.)		
Other(Identify)			
Dental Insurance			

FINAL EXPENDITURE SUMMARY

SUBTOTAL	CODE	PROJECT COSTS	LOCAL AGENCY INFORMATION
Professional Salaries	15	\$99,329	Agency Code: 401501060000
Support Staff Salaries	16		
Purchased Services	40	\$750	Project #: 5890211990
Supplies and Materials	45	\$58,483	
Travel Expenses	46	` `	Contract #:
Employee Benefits	80	\$7,586	Agency Name: Wilson Central School District
ndirect Cost	90 -		Funding Dates: 3/13/2020 TO 9/30/2022
BOCES Services	49		Approved Budget Total: \$ 166,148
Minor Remodeling	30		
Equipment	20-		
Gran	d Total	\$166,148	FOR DEPARTMENT USE ONLY
CHIEF ADMINISTR By signing this report, I certify belief that the report is true, concerning the context of the Federal (or State) award. In incitious, or fraudulent information and the context of the Federal (or State) award. In incitious, or fraudulent information and the context of the Federal fact, may subject me benalties for fraud, false state U.S. Code Title 18, Section 18730 and 3801-3812). Date Times by P. (ii) the	to the be omplete, and cash orth in the I am awa ation, or to to crimin ements, fa 1001 and	est of my knowledge and and accurate, and the receipts are for the eterms and conditions of are that any false, he omission of any al, civil, or administrative else claims, or otherwise.	Fiscal Year Amt Expended Final Payment Line #
Name and Title of Ch	ief Adn	ninistrative Officer	Voucher# Final Payment

Finance: Logged_____

Approved_____

MIR____