The University of the State of New York THE STATE EDUCATION DEPARTMENT Grants Finance Rm 510W FB

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
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	Local Agency Information
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Funding Source:	ARP Summer Enrichment
Report Prepared By:	Kevin Klumpp
Agency Name:	Newfane Central Schools
Mailing Address:	6273 Charlotteville Road
	Street
	Newfane NY 14108
•	City State Zip Code
Telephone # of 716-7	778-6861 County: Niagara

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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		Subtotal - Code 40	\$100,002
Encumbrance Date	Provider of Service	Check or Journal Entry #[47]	Amount Expended
220000	Sylvan Learning	9292	\$100,002

		FINAL EX	PENDITURE SUMMARY
SUBTOTAL	CODE	PROJECT COSTS	LOCAL AGENCY INFORMATION
Professional Salaries	15		Agency Code: 400601060000
Support Staff Salaries	16		
Purchased Services	40	\$100,002	Project #: 5882-21-1955
Supplies and Materials	45		
Travel Expenses	46		Contract #:
Employee Benefits	80		Agency Name:
Indirect Cost	90		Funding Dates: 3/13/2020 TO 9/30/2024
BOCES Services	49		Approved Budget Total: \$ 100,002
Minor Remodeling	30		
Equipment	20		
Gran	nd Total	\$100,002	FOR DEPARTMENT USE ONLY
CHIEF ADMINISTR By signing this report, I certify belief that the report is true, of expenditures, disbursements purposes and objectives set for the Federal (or State) award. fictitious, or fraudulent informations	to the be complete, and cash orth in the I am awa	est of my knowledge and and accurate, and the receipts are for the eterms and conditions of the that any false,	Fiscal Year Amt Expended Final Payment Lin

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, disburser	ments and cash receipts are for the
	s set forth in the terms and conditions of
the Federal (or State) a	ward. I am aware that any false,
	information, or the omission of any
1	ect me to criminal, civil, or administrative
	e statements, false claims, or otherwise.
	ction 1001 and Title 31, Sections 3729-
3730 and 3801-3812).	· · · · · · · · · · · · · · · · · · ·
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Date	Signature
Date	Olghataro
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Michael J. Ba	morr, Superintendent
Name and Title o	of Chief Administrative Officer
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Fiscal Year Amt Expended Final Payment Line #
Voucher # Final Payment

Finance: Logged_____ Approved_____ MIR_____