

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:	Governors Emergency Education Relief Fund
Report Prepared By:	BILLI JO STALLMAN
Agency Name:	OPPENHEIM-EPHRATAH-ST.JOHSVILLE CSD
Mailing Address:	44 CENTER STREET
	Street
	ST. JOHSVILLE NY 13452
	City State Zip Code
Telephone # of Report Preparer:	518-568-9990
County:	MONTGOMERY
E-mail Address:	BILLIJO.STALLMAN@OESJ.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 PROFESSIONAL STAFF

Subtotal - Code 15			\$5,000
Name	Position Title	Beginning and End Dates of Work	Salary Paid
Carrie Schmidtmann	Teaching Assistant	9/1/20 - 6/25/21	\$5,000

PURCHASED SERVICES			
Subtotal - Code 40			\$49,000
Encumbrance Date	Provider of Service	Check or Journal Entry #	Amount Expended
11/17/20	St. Mary's Healthcare CMHAC	20847	\$20,000
2/18/21	St. Mary's Healthcare CMHAC	21059	\$20,000
3/18/21	Northeast Parent & Child Society	21139	\$333
8/1/20	cb20 (CPI)	20504	\$5,000
8/24/20	cb20 (CPI)	20564	\$3,036
10/9/20	cb20 (CPI)	20749	\$631

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$6,126
Purchase Order Date	Vendor	Check or Journal Entry #	Amount Expended
10/20/20	Verizon	20775	\$638
11/17/20	Verizon	20848	\$862
7/16/20	Amazon	20599	\$1,098
9/23/20	United States Postal Service	20697	\$2,000
2/18/21	United States Postal Service	21065	\$1,528

FINAL EXPENDITURE SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$5,000
Support Staff Salaries	16	
Purchased Services	40	\$49,000
Supplies and Materials	45	\$6,126
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$60,126

LOCAL AGENCY INFORMATION			
Agency Code:	271201040000		
Project #:	5895-21-1440		
Contract #:			
Agency Name:	OPPENHEIM-EPHRATAH-ST.JOHNSVILLE CSD		
Funding Dates:	3/13/2020	TO	9/30/2022
Approved Budget Total:	\$60,126		

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).

5/24/2021 _____

Date Signature

Adam Heroth, Superintendent

Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLY			
<u>Fiscal Year</u>	<u>Amt Expended</u>	<u>Final Payment</u>	<u>Line #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Voucher # _____		Final Payment _____	

Finance: Logged _____ Approved _____ MIR _____