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Revised

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: | GEER II | | | |
| Report Prepared By: | TERESA MCCARTHY | | | |
| Agency Name: | PLAINEDGE UFSD | | | |
| Mailing Address: | 241 WYNGATE DR | Street | | |
| | | | | |
| | MASSAPEQUA | N.Y. | 117 | |
| | City | State | Zip C | ode |
| Telephone # of S16-992-7459 County: NASSAU | | | | |
| E-mail Address: teresa.mccarthy@plainedgeschools.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 \$241,815 | | | | |
| Name | Position Title | Beginning and End Dates of Work | Salany/Paid | |
| Melissa Hanly | Teacher | 7/1/2020-6/30/2021 | \$53,049 | |
| Michelle Inzerillo | Teacher | 7/1/2020-6/30/2021 | \$70,814 | |
| Morgan Brust | Teacher | 7/1/2021-6/30/2022 | \$41 | |
| Nicoletta Maggi | Teacher | 7/1/2021- 6/30/2022 | \$41 | |
| Jennifer Vasaturo | Social Worker | 7/1/2021-6/30/2022 | \$11,652 | |
| Megan В. Nelsoп | Nurse | 7/1/2022 - 6/30/2023 | \$27,688 | |
| Jennifer Vasaturo | Social Worker | 7/1/2022 - 6/30/2023 | \$78,530 | |

| SALARIES FOR SUPPORT STAFF | | |
|----------------------------|--|-------------|
| Subtotal - Code 16 | | |
| Mame | Position Title Beginning and End Dates of Work | Salany Paid |

| | PURCHASED SERVICES | | | | |
|------------------|----------------------------|-----------------------------|-----------------|--|--|
| | Subtotal - Code 40 \$57,86 | | | | |
| Encumbrance Date | Provider of Service | Check or Journal Entry # | Amount Expended | | |
| 11/12/2021 | Health Source Group | 171103 | \$12,150 | | |
| 11/12/2021 | Health Source Group | 171469 | \$5,616 | | |
| 11/12/2021 | Health Source Group | 171624 | \$4,563 | | |
| 11/12/2021 | Health Source Group | 171907 | \$4,563 | | |
| 11/12/2021 | Health Source Group | 172428 | \$12,150 | | |
| 11/12/2021 | Health Source Group | 172795 | \$6,507 | | |
| 11/12/2021 | Health Source Group | 173325 | \$7,020 | | |
| 11/12/2021 | Health Source Group | 173463 | \$5,292 | | |

| | SUPPLIES AND MATERIALS | | | |
|---------------------|------------------------------|----------------------------|-----------------|--|
| | | Subtotal - Code 45 | \$72,098 | |
| Purchase Order Date | Vendo | Check or Journal Entry# | Amount Expended | |
| 12/2/2021 | Krueger International | 171274 | \$7,362 | |
| 12/8/2021 | HPFi Rosenthal & Rosenthal | 171260 | \$21,975 | |
| 1/27/22 | Nickerson Corp | 171667 | \$4,992 | |
| 12/8/2021 | Global Industries | 171249 | \$4,871 | |
| 10/14/21 | Holly Clay | 171 <u>862</u> | \$7,500 | |
| 12/21/22 | School Specialty | 175111 | \$641 | |
| 1/25/23 | School Specialty | 175254 | \$5,698 | |
| 3/10/23 | School Specialty | 175695 | \$86 | |
| 1/25/23 | Lakeshore Learning | 175216 | \$333 | |
| 1/9/23 | Staples Inc | 175121 | \$57 | |
| 1/25/23 | Staples Inc | 175264 | \$337 | |
| 3/10/23 | Barnes and Noble Booksellers | 175566 | \$1,054 | |
| 2/1/23 | Young Equipment Sales | 176454 | \$5,800 | |
| 2/1/23 | Young Equipment Sales | 176454 | \$4,200 | |
| 5/23/23 | DEMCO | 177348 | \$1,798 | |

| 5/23/23 | American Express | 176463 | \$440 |
|---------|------------------|--------|-----------------|
| 5/23/23 | Ozo Edu | 177517 | \$645 |
| 5/23/23 | PITTSCO | 177046 | \$195 |
| 5/23/23 | SPHERO INC | 177062 | \$721 |
| 5/25/23 | School Specialty | 177058 | \$2,5 <u>54</u> |
| 8/17/23 | APPLE INC | 177577 | \$8 39 |

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| | TRAVEL EXPENSES | | | | |
|-----------------|--------------------|-------------------------|----------------------------|--------------------|--|
| | Subtotal - Code 46 | | | | |
| Dates of Travel | Name of Tirayeler | Destination and Purpose | Check or Journal Entry# | Amount Expended | |
| | | <u> </u> | | | |
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| | Employee Benefits | | |
|------------------------|-----------------------------------|--------------------|-----------------|
| | | Subtotal - Code 80 | \$30 |
| <u>B</u>ënefit | Salades (from codes 15 and (6) | Rate | Amount Expended |
| Teacher Retirement | | | |
| Employee Retirement | | | |
| Other Retirement | | | |
| Social Security | \$395.00 | 0.08 | \$30 |
| Worker's Compensation | | | |
| Unemployment Insurance | | | |
| Health Insurance | | | |
| Other(Identify) | | | |
| | | | |
| | | | |
| | | | |
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| | INDIRECT COST | |
|----|--|--|
| 1 | Modified Direct Cost Base Sum of all preceding subtotals (codes 15, 16, 40, 45, 46, and 80, excluding the portion of each subcontract exceeding \$25,000 and any flow through funds) | |
| B. | Approved Restricted Indirect Cost Rate(%) (enter X.X) | |
| C. | Subtotal - Code 90 | |

For your information, maximum direct cost base =

\$371,804.00

To calculate Modified Direct Cost Base, reduce maximum direct cost base by the portion of each subcontract exceeding \$25,000 and any flow through funds.

| PURCHASED SERVICES WITH BOCES | | | |
|--|----------------------------|--|--|
| Subtotal | I - Code 49 | | |
| Encumbrance Date Name of BOCES Check o | ir Journal Amount Expended | | |

| | MINOR REMODELING | | | | |
|---|--|--|--|--|--|
| | Subtotal - Code 30 | | | | |
| Purchase Order Date Or Dates of Service | Provider of Service Check or Journal Entry # Amount Expense. | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | EQUIPMENT | | |
|---------------------|----------------------|-------------------------|------------------|
| | | Subtotal - Code 20 | \$6,490 |
| Purchase Order Date | Vendor. | Check or Journal Entry# | Amount Expended |
| 5/3/23 | Global Vending Group | 177178 | \$6 <u>,49</u> 0 |
| | | | |
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FINAL EXPENDITURE SUMMARY

| FINAL EXPENDITURE SUMMARY | | | | | | | |
|--|------|--|-----------------------------------|-------------------------|--------------|--|--|
| SUBTOTAL | CODE | PROJECT COSTS | L | OCAL AGENCY IN | NFORMATION | | |
| Professional Salaries | 15 | \$241,815 | Agency Code: | 280518030000 | | | |
| Support Staff Salaries | 16 | | | | | | |
| Purchased Services | 40 | \$57,861 | Project #: | ot #: 5896-21-1705 | | | |
| Supplies and Materials | 45 | \$72,098 | | | | | |
| Travel Expenses | 46 | | Contract #: | | | | |
| Employee Benefits | 80 | \$30 | Agency Name: | | | | |
| Indirect Cost | 90 | | Funding Dates: | 3/13/2020 | TO 9/30/2023 | | |
| BOCES Services | 49 | | Approved Budget Total: \$ 378,294 | | | | |
| Minor Remodeling | 30 | | | | | | |
| Equipment | 20 | \$6,490 | | | | | |
| Grand Total \$378,294 | | | <u>F</u> | 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 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). Date Signature | | Fiscal Year ——————————————————————————————————— | Amt Expended | Final Payment Line # | | | |
| Name and Title of Chief Administrative Officer | | Vouche | r# | Final Payment | | | |

Finance: Logged_____ Approved_____ MIR____