

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

Funding Source: AR	D IDEA Costion 64		
	F-IDEA Section 6	9	F22004
Report Prepared By: Ma	ry Ann Exler		
Agency Name: Ru	sh-Henrietta Centra	School District	
Mailing Address: 20	34 Lehigh Station R		
		Street	
2500	Henrietta	NY	14467
	City	State	Zip Code
elephone # of (585) 35	9-5033	County: MO	NROE

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
- 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 PRO	FESSIONAL STAFF		
	Subtotal - Code 15 \$14			
Name	Position Title	Beginning and End Dates of Work	Salary Paid	
Dorreen Blankenbush	CPSE Chair	04/05/22-10/15/22	\$14,082	

PURCHASED SERVICES				
	Subtotal - Code 40	\$17,784		
Encumbrance Date	Provider of Service	Check or Journal Entry #	Amount Expended	
09/15/22	Clinical Assoc of the Finger Lakes	063769	\$4,902	
09/15/22	CP Rochester	063770	\$2,394	
09/15/22	Happiness House	063772	\$2,052	
09/15/22	Rochester Hearing & Speech Ctr	063776	\$114	
09/15/22	Rochester School for the Deaf	063777	\$1,026	
09/15/22	Liberty Resources POST	063774	\$1,368	
09/15/22	Bright Start Pediatrics	063886	\$3,534	
09/15/22	Mary Cariola Children's Center	063888	\$684	
09/15/22	Rochester Childfirst Network	063891	\$342	
12/13/22	Private Parentally Placed Reserve	JE0140-23	\$1,368	

	Employee Benefits		
man make ye e oo	Subtotal - Code 80		
Benefit	Salaries (from codes 15 and 16)	Rate	Amount Expended
Teacher Retirement	100 (c. 10) 100 (c. 10)	10.29%	
Employee Retirement		11.60%	
Other Retirement			
Social Security	\$14,082.00	7.65%	\$1,077
Worker's Compensation	(44) 723		
Unemployment Insurance	Residence of the second of the		15
Health Insurance	8		
Other(Identify)		10 4 6 4 7	Keelin ii ee milijii

FINAL EXPENDITURE SUMMARY

	PROJECT COSTS	CODE	SUBTOTAL
Agency	\$14,082	15	Professional Salaries
	·_	16	Support Staff Salaries
Pro	\$17,784	40	Purchased Services
		45	Supplies and Materials
Cont		46	Travel Expenses
Agency I	\$1,077	80	Employee Benefits
 Funding		90	Indirect Cost
Approved		49	BOCES Services
		30	Minor Remodeling
	F	20	Equipment
	\$32,943	nd Total	Grar

<u>L</u>	OCAL AGENCY I	NFOF	RMATION	
Agency Code:	26170	1060	000	
Project #:	5533-22-	0385		
Contract #:			_	
Agency Name:	Rush-Henrietta Ce	ntral S	chool District	
Funding Dates:	7/1/2021	то	9/30/2023	
Approved Budge	et Total: \$ 32,943			

ı	by signing this report, I certify to the best of my knowledge and					
ı	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					
ļ	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).					
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	3 18 123 Pomilo Xissel					
	Date Signature					
	3.g/18.0.0					
	- day a					
	Interior					
	De Paralakinal Samintendent					
	Dr. Pamelakissel Superintendent					
	Name and Title of Chief'Administrative Officer					

CHIEF ADMINISTRATOR'S CERTIFICATION

FO	FOR DEPARTMENT USE ONLY				
Fiscal Year	Amt Expended	Final Payment	Line #		
Voucher #	.	Final Paymer	nt		
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Finance: Logged_____ Approved____ MIR____