

**Local Agency Information**

Funding Source: \_\_\_\_\_

Report Prepared By: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street		
City	State	Zip Code

Telephone # of Report Preparer: \_\_\_\_\_ County: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**INSTRUCTIONS**

- ❖ Upon audit, you may be requested to provide additional detail to support the reported expenditures or to complete the Full FS-10-F Form.
- ❖ **Submit one signed original and one copy of the FS-10-F Short Form as a two page form (not back-to-back on a single sheet) directly to Grants Finance (address above).**
- ❖ For **State** projects the final expenditure reports are due within **30** days after the project end dates. Reports for **Federal** projects are due within **90** days after the project end dates, although for certain programs, the State Education Department program manager may impose earlier due dates. See the Grant Award Notice for your project to verify the due date.
- ❖ Category subtotals must be reported in whole dollar amounts.
- ❖ To be in compliance with applicable audit requirements, complete and accurate records must be maintained at the local level.
- ❖ All encumbrances must have taken place within the approved funding dates of the project.
- ❖ Certification must be signed by Chief Administrative Officer or designee.
- ❖ High quality computer generated reproductions of this form may be used.
- ❖ Beginning with the 2005-06 year, there are changes to the reporting requirements for Supplies and Materials (Code 45) and Equipment (Code 20). For further information on these changes and completing the final expenditure report, please refer to the [Fiscal Guidelines for Federal and State Aided Grants](http://www.oms.nysed.gov/cafe/) at [www.oms.nysed.gov/cafe/](http://www.oms.nysed.gov/cafe/) or call Grants Finance at (518) 474-4815.
- ❖ For Special Legislative Projects only, submit one signed original report and three copies. A final narrative report must be submitted with this report.

**FINAL EXPENDITURE SUMMARY**



SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost*	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		

Agency Code	<input type="text"/>	<input type="text"/>	<input type="text"/>
Project No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contract #:	<input type="text"/>		
Agency Name:	_____		
Project Funding Dates	<input type="text"/>	From	To <input type="text"/>
Approved Budget Total	\$ _____		

- \* A. Modified Direct Cost Base
- B. Approved Restricted Indirect Cost Rate
- C. (A) x (B) = Total Indirect Cost

\$	(A)
%	(B)
\$	(C)

**CHIEF ADMINISTRATOR'S CERTIFICATION**

*I hereby certify that the reported expenditures have been made in accordance with the provisions of applicable statute, regulation and approved project and budget; that the claim is just and correct; that no part has been paid except as stated; that the balance is actually due and owing; and that proper fund accounting is followed, records are retained for the proper period, and that records will be made available to representatives of the Education Department or the Office of the State Comptroller when requested.*

\_\_\_\_\_ Date \_\_\_\_\_ Signature

\_\_\_\_\_  
Name and Title of Chief Administrative Officer

**FOR DEPARTMENT USE ONLY**

Fiscal Year                      Final Payment

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Voucher #                      \_\_\_\_\_ Final Payment

Finance:

**Log**

**Approved**

**MIR**