## 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

American Rescue Plan (ARP) Reserve - Summer Learning	) - ESSER 1% State-Lev and Enrichment	el
Christopher Slesinski		
Florida Union Free Sch	ool District	
51 N. Main Street., PO	Drawer 757	
	Street	
Florida	NY	10921 Zip Code
City	State	Zip Code
51-3095 ext. 40030	County: Ora	nge
cslesi	nski@floridaufsd.or	g
	Christopher Slesinski Florida Union Free Scho 51 N. Main Street., PO Florida City 51-3095 ext. 40030	Christopher Slesinski  Florida Union Free School District  51 N. Main Street., PO Drawer 757  Street  Florida NY  City State

## 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/.

		Subtotal - Code 15	\$39,445
Name	Position Title	Beginning and End Dates of Work	Salary Paid
HOLLY ACOSTA	ESL TEACHER	7/1/22 - 8/31/22	\$2,880
JULIANNA AMADOR	TEACHER	7/1/22 - 8/31/22	\$3,264
DEBORAH LISACK	PRINCIPAL	7/1/22 - 8/31/22	\$1,250
DOMINICK PASCULLO	TEACHER	7/1/22 - 8/31/22	\$3,264
ELIZABETH PERRY	TEACHER	7/1/22 - 8/31/22	\$960
BRIAN SLEVIN	TEACHER	7/1/22 - 8/31/22	\$3,168
LAUREN WELLER	TEACHER	7/1/22 - 8/31/22	\$2,544
HOLLY ACOSTA	ESL TEACHER	7/1/23 - 8/31/23	\$3,132
HEATHER BENEAT	TEACHER	7/1/23 - 8/31/23	\$3,324
DEBORAH LISACK	PRINCIPAL	7/1/23 - 8/31/23	\$5,000
LINDA SHUTE	TEACHER	7/1/23 - 8/31/23	\$3,324
BRIAN SLEVIN	TEACHER	7/1/23 - 8/31/23	\$2,940
WILLIAM COUTURE	TEACHER	7/1/24 - 8/31/24	\$4,395

	SALARIES FOR SU	IPPORT STAFF	
		Subtotal - Code 16	\$14,849
Name	Position Title	Beginning and End Dates of Work	Salary Paid
MICHELLE FROMMER	NURSE	7/1/22 - 8/31/22	\$1,271
MARIE ADAMS	AIDE	7/1/23 - 8/31/23	\$1,668
GENESIS CLARKE-STYMACKS	AIDE	7/1/22 - 8/31/22	\$492
GINA EMANUELE	AIDE	7/1/22 - 8/31/22	\$903
ASHLEIGH LECASTRE	AIDE	7/1/22 - 8/31/22	\$551
CHRISTINA MYRUSKI	AIDE	7/1/22 - 8/31/22	\$995
DONNA SQUILLACE	AIDE	7/1/22 - 8/31/22	\$1,407
MARLENE LYSACK	NURSE	7/1/23 - 8/31/23	\$2,935
DONNA SQUILLACE	AIDE	7/1/23 - 8/31/23	\$1,627
VICTOR PRESSANO	BUS DRIVER	7/1/22 - 8/31/22	\$1,500
JAMES SOSLER	BUS DRIVER	7/1/22 - 8/31/22	\$1,500

-	PURCHASED S	ERVICES	
		Subtotal - Code 40	\$4,311
Encumbrance Date	Provider of Service	Check or Journal Entry #	Amount Expended
11/28/22	TOWN OF WARWICK POLICE DEPARTMENT	23505	\$4,311

## FINAL EXPENDITURE SUMMARY

Agency Code:

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$39,445
Support Staff Salaries	16	\$14,849
Purchased Services	40	\$4,311
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Gran	d Total	\$58,605

Project #:	5882-2	1-2300	ar Á	
Contract #:				
Agency Name:	Florida Union Free	School [	District	
Funding Dates:	9/1/2021	то	9/30/20	24
Approved Budge	FOR DEPARTME		ONLY	
<u>F</u>		ENT USE		Line #
<u>F</u>	OR DEPARTME	ENT USE		Line #
<u>F</u>	OR DEPARTME	ENT USE		Line #
<u>F</u>	OR DEPARTME	ENT USE		Line #

Final Payment

LOCAL AGENCY INFORMATION

442115020000

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\*\*

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

**CHIEF ADMINISTRATOR'S CERTIFICATION** 

Finance: Logged\_\_\_\_\_ Approved\_\_\_\_ MIR\_\_\_\_

Voucher#