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 Agen | cy Information | | |
|--|--|----------------|----------|-----|
| Funding Source: | CARES ACT - GEER | | | |
| Report Prepared By: | Ron Clamser, Jr. | | | |
| Agency Name: | Dobbs Ferry Union Free School District | | | |
| Mailing Address: | 505 Broadway | | | |
| | Street | | | |
| | Dobbs Ferry | NY | 10522 | |
| | City | State | Zip Code | l e |
| Telephone # of Report Preparer: (914) 693-1500 County: Westchester | |] | | |
| E-mail Address: clamserr@dfsd.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/.

| | PURCHASED SER | RVICES | |
|------------------|--|-----------------------------|-----------------|
| | | Subtotal - Code 40 | \$13,562 |
| Encumbrance Date | Provider of Service | Check or Journal Entry # | Amount Expended |
| 12/08/2020 | Cognitive & Bahavioral Consultants, LLC | ACH016490 | \$4,500 |
| 12/22/2020 | Cognitive & Bahavioral Consultants, LLC | ACH016573 | \$3,000 |
| | EduMetrisis, LLC | | \$6,062 |
| | | | |

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| | EQUIPMENT | | |
|---------------------|----------------------|-----------------------------|-----------------|
| | | Subtotal - Code 20 | \$6,232 |
| Purchase Order Date | Vendor | Check or Journal Entry # | Amount Expended |
| 9/22/2020 | Apple Computer, Inc. | ACH015994 | \$6,232 |
| | | | |
| | | | |

FINAL EXPENDITURE SUMMARY

| | | FINAL EX | | | | |
|--|-------|--------------------|---------------------------------|--|-----------------|-----------|
| SUBTOTAL | CODE | PROJECT COSTS | <u>L</u> | OCAL AGENCY | INFORM <i>A</i> | TION |
| Professional Salaries | 15 | | Agency Code: | 660403030000 | | |
| Support Staff Salaries | 16 | | | | | |
| Purchased Services | 40 | \$13,562 | Project #: | 5895213645 | | |
| Supplies and Materials | 45 | | | | | |
| Travel Expenses | 46 | | Contract #: | | | |
| Employee Benefits | 80 | | Agency Name: | Dobbs Ferry Union Free School District | | |
| Indirect Cost | 90 | | Funding Dates: | 3/13/2020 | то | 9/30/2022 |
| BOCES Services | 49 | | Approved Budget Total: \$20,166 | | | |
| Minor Remodeling | 30 | | | | | |
| Equipment | 20 | \$6,232 | | | | |
| Grand Total \$19,794 | | | 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 | | <u>Fiscal Year</u> | Amt Expended | <u>Final P</u> | ayment Line# | |
| 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 | | | 7 | | | |
| penalties for fraud, false stater (U.S. Code Title 18, Section 19 3730 and 3801-3812). | | | - | - | <u> </u> | |
| 5,17,21 | Abri | Ready | | : | - | |
| Date Signature | | | - | | , | |
| LISA BRADY, | Super | INTERDENT | | | - | |
| Name and Title of Chief Administrative Officer | | Voucher # | | Final | Final Payment | |

Finance: Logged_____ Approved____ MIR_____