

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:	CRRSA - ESSER 2		
Report Prepared By:	DARCI LAROSE		
Agency Name:	FABIUS-POMPEY CENTRAL SCHOOL DISTRICT		
Mailing Address:	1211 MILL STREET		
	Street		
	FABIUS	NY	13063
	City	State	Zip Code
Telephone # of Report Preparer:	315-683-5301	County: ONONDAGA	
E-mail Address:	DLAROSE@FABIUSPOMPEY.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 SUPPORT STAFF			
Subtotal - Code 16			\$520,679
Name	Position Title	Beginning and End Dates of Work	Salary Paid
RICK CLANCY	MAINTENANCE WORKER	3/13/20-6/30/23	\$56,376
DON EDWARDS JR	CUSTODIAL WORKER I	3/13/20-6/30/23	\$30,264
DAN BECKER	CUSTODIAL WORKER I	3/13/20-6/30/23	\$29,120
DONNA DOODY	CUSTODIAL WORKER I	3/13/20-6/30/23	\$32,926
JACOB HOLL	CUSTODIAL WORKER I	3/13/20-6/30/23	\$29,120
DAN PATSOS	CUSTODIAL WORKER I	3/13/20-6/30/23	\$29,120
DAVID PRESTON	CUSTODIAL WORKER I	3/13/20-6/30/22	\$18,578
AUTUMN EDWARDS	CUSTODIAL WORKER I	7/1/22-6/30/23	\$11,062
JAMES LINDSAY	CUSTODIAL WORKER I	3/13/20-6/30/23	\$33,779
DONALD EDWARDS	CUSTODIAL WORKER I	3/13/20-6/30/23	\$37,440
CHAD BECKEN	MAINTENANCE HELPER	3/13/20-6/30/23	\$36,192
CHRIS JORDAN	MAINTENANCE HELPER	3/13/20-6/30/23	\$36,545
DAN NICHOLAS	GROUNDSKEEPER	3/13/20-6/30/23	\$29,120
LOLA HOPSEEKER	SCHOOL MONITOR	3/13/20-6/30/23	\$24,574
ROSE LANGEY	SCHOOL MONITOR	3/13/20-6/30/23	\$19,716
ASHLEY WELCH	SCHOOL MONITOR	3/13/20-6/30/23	\$20,072
NANCY HOUCK	TEACHER AIDE	3/13/20-6/30/23	\$23,171
NEELY SISTO	TEACHER AIDE	3/13/20-6/30/23	\$19,425
SUSAN SCHOONMAKER	TEACHER AIDE	3/13/20-6/30/23	\$4,079

Employee Benefits			
Subtotal - Code 80			\$143,663
Benefit	Salaries (from codes 15 and 16)	Rate	Amount Expended
Teacher Retirement			
Employee Retirement			\$84,350
Other Retirement			
Social Security			\$39,831
Worker's Compensation			
Unemployment Insurance			
Health Insurance			\$19,482
<b>Other(Identify)</b>			

### FINAL EXPENDITURE SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	16	\$520,679
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$143,663
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
<b>Grand Total</b>		<b>\$664,342</b>

**LOCAL AGENCY INFORMATION**

Agency Code: **420601040000**

Project #: **5891-21-1629**

Contract #:

Agency Name: **FABIUS-POMPEY CENTRAL SCHOOL DISTRICT**

Funding Dates: **3/13/2020** TO **9/30/2023**

Approved Budget Total: \$ **664,342**

**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).

*10/13/23* *[Signature]*

Date Signature

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**Name and Title of Chief Administrative Officer**

**FOR DEPARTMENT USE ONLY**

<u>Fiscal Year</u>	<u>Amt Expended</u>	<u>Final Payment</u>	<u>Line #</u>
Voucher #	Final Payment		

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

