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
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	Local Agen	cy Informatio	n
Funding Source:	CRSSA ESSER 2		
Report Prepared By:	Michelle Reale		
Agency Name:	Phoenix Central School	ol District	
Mailing Address:	Mailing Address: 116 Volney Street		
	Phoenix City	NY State	13135 Zip Code
Telephone # of 315-6	95-1527	County:	Oswego
E-mail Address:	mre	ale@phoenixc	sd.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/.

SUPPLIES AND MATERIALS			
Subtotal - Code 45 \$41			
Purchase Order Date	Vendor	Check or Journal Entry #	Amount Expended
2/28/2022	W.B. Mason Co, Inc	711362	\$124,008
3/01/2022	Oswego County BOCES	711363	\$285,165
6/30/2023	Hillyard Floor Care	711514	\$6,740
8/21/2023	Laura Gratz	711526	\$58

	Employee Benefits		
Marie I Brackery Barrery	Subtotal - Code 80		
Benefit	Salaries (from codes 15 and 16)	Rate	Amount Expended
Teacher Retirement	\$354,863.00		\$33,175
Employee Retirement	\$354,863.00		\$35,653
Other Retirement			
Social Security	\$354,863.00		\$48,855
Worker's Compensation			
Unemployment Insurance			
Health Insurance	\$354,863.00		\$83,939
Other(Identify)			

MINOR REMODELING			
	Subtotal - Code 30		
Purchase Order Date Or Dates of Service	Provider of Service	Check or Journal Entry #	Amount Expended
12/07/2021	King & King Architects	711349	\$9,000
12/17/2021	King & King Architects	711351	\$1,800
8/10/2023	Shawn Malone Excavating Inc	711415	\$178,351
11/7/2022	Shawn Malone Excavating Inc	711441	\$10,849

FINAL EXPENDITURE SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$580,070
Support Staff Salaries	16	\$289,353
Purchased Services	40	
Supplies and Materials	45	\$415,971
Travel Expenses	46	
Employee Benefits	80	\$201,622
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	\$200,000
Equipment	20	
Grand Total		\$1,687,016

LOCAL AGENCY INFORMATION				
Agency Code:	462001060000			
Project #:	5891-21	-2370		
Contract #:				
Agency Name:	Phoenix Central School District			
Funding Dates:	3/13/2020	то	9/30/2023	
Approved Budget Total: \$ 1,687,117				

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).

0/16/23

Date

hristopher T. Byrne Superintendent Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLY			
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Fiscal Year	Amt Expended	Final Payment	Line #
3			
			
P			: :
3			
Voucher #		Final Paymen	t

Finance: Logged_____ Approved____ MIR____