

= Required Field

**Local Agency Information**

|                     |                                  |          |
|---------------------|----------------------------------|----------|
| Funding Source:     | CRRSA - GEER 2                   |          |
| Report Prepared By: | Celine Maxwell                   |          |
| Agency Name:        | Cornwall Central School District |          |
| Mailing Address:    | 24 Idelwild Avenue               |          |
|                     | Street                           |          |
|                     | Cornwall On Hudson               | New York |
|                     | City                             | State    |
|                     |                                  | 12520    |
|                     |                                  | Zip Code |

|                                 |                       |         |        |
|---------------------------------|-----------------------|---------|--------|
| Telephone # of Report Preparer: | 845-534-8009 ext 7106 | County: | Orange |
|---------------------------------|-----------------------|---------|--------|

|                 |                              |
|-----------------|------------------------------|
| E-mail Address: | cmaxwell@cornwallschools.com |
|-----------------|------------------------------|

**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 PROFESSIONAL STAFF

Subtotal - Code 15

**\$311,713**

| Name                | Position Title     | Beginning and End Dates of Work | Salary/Paid |
|---------------------|--------------------|---------------------------------|-------------|
| Garrison, Kathleen  | AIS Teacher        | 09/01/22 - 06/30/23             | \$54,237    |
| Conlon, Theresa     | Reading Specialist | 09/01/22 - 06/30/23             | \$60,700    |
| Gualtieri, Kathleen | AIS Teacher        | 09/01/22 - 06/30/23             | \$64,831    |
| Vrendenberg, Tina   | AIS Teacher        | 09/01/22 - 06/30/23             | \$49,530    |
| Miller, Kristy      | AIS Teacher        | 09/01/22 - 06/30/23             | \$50,789    |
| Scala, Jenn         | AIS Teacher        | 09/01/22 - 06/30/23             | \$31,626    |
|                     |                    |                                 |             |
|                     |                    |                                 |             |

## Employee Benefits

| Subtotal - Code 80     |                                 |      | \$79,260        |
|------------------------|---------------------------------|------|-----------------|
| Benefit                | Salaries (from codes 15 and 16) | Rate | Amount Expended |
| Teacher Retirement     | \$311,713.00                    |      | \$33,825        |
| Employee Retirement    |                                 |      |                 |
| Other Retirement       |                                 |      |                 |
| Social Security        | \$311,713.00                    |      | \$25,147        |
| Worker's Compensation  |                                 |      |                 |
| Unemployment Insurance |                                 |      |                 |
| Health Insurance       | \$311,713.00                    |      | \$20,288        |
| <b>Other(Identify)</b> |                                 |      |                 |
|                        |                                 |      |                 |
|                        |                                 |      |                 |
|                        |                                 |      |                 |
|                        |                                 |      |                 |
|                        |                                 |      |                 |

## FINAL EXPENDITURE SUMMARY


| SUBTOTAL               | CODE | PROJECT COSTS    |
|------------------------|------|------------------|
| Professional Salaries  | 15   | \$311,713        |
| Support Staff Salaries | 16   |                  |
| Purchased Services     | 40   |                  |
| Supplies and Materials | 45   |                  |
| Travel Expenses        | 46   |                  |
| Employee Benefits      | 80   | \$79,260         |
| Indirect Cost          | 90   |                  |
| BOCES Services         | 49   |                  |
| Minor Remodeling       | 30   |                  |
| Equipment              | 20   |                  |
| <b>Grand Total</b>     |      | <b>\$390,973</b> |

| <u>LOCAL AGENCY INFORMATION</u> |                                  |    |           |
|---------------------------------|----------------------------------|----|-----------|
| Agency Code:                    | <b>440301060000</b>              |    |           |
| Project #:                      | <b>5896-21-2235</b>              |    |           |
| Contract #:                     |                                  |    |           |
| Agency Name:                    | Cornwall Central School District |    |           |
| Funding Dates:                  | 3/13/2020                        | TO | 9/30/2023 |
| Approved Budget Total:          | \$ <b>390,973</b>                |    |           |

| <u>FOR DEPARTMENT USE ONLY</u> |                     |                      |               |
|--------------------------------|---------------------|----------------------|---------------|
| <u>Fiscal Year</u>             | <u>Amt Expended</u> | <u>Final Payment</u> | <u>Line #</u> |
|                                |                     |                      |               |
|                                |                     |                      |               |
|                                |                     |                      |               |
|                                |                     |                      |               |
|                                |                     |                      |               |
|                                |                     |                      |               |
| Voucher #                      | Final Payment       |                      |               |

**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).

7/14/23        
 Date                      Signature

**TERRY DADE - SUPERINTENDENT**

Name and Title of Chief Administrative Officer

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