

Local Agency Information

Funding Source: **Opportunity Online Broadband Grant Program**

Report Prepared By:			
Agency Name:			
Mailing Address:			
	Street		
	City	State	Zip Code

Telephone # of Report Preparer: _____ County: _____

E-Mail Address: _____

INSTRUCTIONS

- ❖ Upon audit, you may be requested to provide additional detail to support the reported expenditures or to complete the Full FS-10-F Form.
- ❖ **Submit one signed original and one copy of the FS-10-F Short Form as a two page form**
- ❖ For **State** projects the final expenditure reports are due within **30** days after the project end dates. Reports for **Federal** projects are due within **90** days after the project end dates, although for certain programs, **the State Education Department program manager may impose earlier due dates. The due date for this grant program is July 23, 2010.** Category subtotals must be reported in whole dollar amounts.
- ❖ To be in compliance with applicable audit requirements, complete and accurate records must be maintained at the local level.
- ❖ All encumbrances must have taken place within the approved funding dates of the project.
- ❖ Certification must be signed by Chief Administrative Officer or designee.
- ❖ High quality computer generated reproductions of this form may be used.
- ❖ Beginning with the 2005-06 year, there are changes to the reporting requirements for Supplies and Materials (Code 45) and Equipment (Code 20). For further information on these changes and completing the final expenditure report, please refer to the Fiscal Guidelines for Federal and State Aided Grants at www.oms.nysed.gov/cafe/ or call Grants Finance at (518) 474-4815.

FINAL EXPENDITURE SUMMARY



SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost*	90	XXXXXXXX
BOCES Services	49	XXXXXXXX
Minor Remodeling	30	
Equipment	20	
Grand Total		

Agency Code

Project No. - -

Contract #: N/A

Agency Name: _____

Project Funding Dates 12 / 1 06 / 30
/ 09 / 10
From To

Approved Budget Total \$ _____

- * A. Modified Direct Cost Base
- B. Approved Restricted Indirect Cost Rate
- C. (A) x (B) = Total Indirect Cost

\$	XXXXXXXX	(A)
	XXXXXXXX%	(B)
\$	XXXXXXXX	(C)

CHIEF ADMINISTRATOR'S CERTIFICATION

I hereby certify that the reported expenditures have been made in accordance with the provisions of applicable statute, regulation and approved project and budget; that the claim is just and correct; that no part has been paid except as stated; that the balance is actually due and owing; and that proper fund accounting is followed, records are retained for the proper period, and that records will be made available to representatives of the Education Department or the Office of the State Comptroller when requested.

Date Signature

Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLY

Fiscal Year Final Payment

Voucher # Final Payment

Finance:

Log

Approved

MIR