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:	ARP SLR LEARNING LOSS		
Report Prepared By:	Alicia Koster/MLB		
Agency Name:	Greater Johnstown School District		
Mailing Address:	1 Sir Bills Circle - Suite 101		
	Street		
	Johnstown	NY	12095
	City	State	Zip Code

Telephone # of Report Preparer: 518-762-4611 **County:** Fulton

E-mail Address: akoster@johnstownschools.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 PROFESSIONAL STAFF			
		Subtotal - Code 15	$257,467
Name	Position Title	Beginning and End Dates of Work	Salary Paid
C. Sitts	AIS Teacher	7/01/2022-6/30/2023	$5,425
T. Davis	AIS Teacher	7/01/2022-6/30/2023	$43
E. Fazzio-Allen	AIS Teacher	7/01/2022-6/30/2023	$82
K. Meashaw	AIS Teacher	7/01/2023-6/30/2024	$93,911
R. Frenyea	AIS Teacher	7/01/2023-5/09/2024	$67,587
A. Heroth	Sub AIS Teach (Frenyea)	5/10/24-6/30/24	$3,631
A. Polidore	Teacher	7/01/2023-6/30/2024	$47,855
O. Barnett	Summer AIS Teacher	7/01/2023-6/30/2024	$1,167
K. Bevington	Summer AIS Teacher	7/01/2023-6/30/2024	$3,578
A. Blackwood	Summer AIS Teacher	7/01/2023-6/30/2024	$1,199
N. Davis	Summer AIS Teacher	7/01/2023-6/30/2024	$1,909
J. Dennett	Summer AIS Teacher	7/01/2023-6/30/2024	$68
A. Fattoruso	Summer AIS Teacher	7/01/2023-6/30/2024	$558
C. Fitzpatrick	Summer AIS Teacher	7/01/2023-6/30/2024	$496
E. Fitzpatrick	Summer AIS Teacher	7/01/2023-6/30/2024	$3,115
A. Hale	Summer AIS Teacher	7/01/2023-6/30/2024	$788
S. Hammons	Summer AIS Teacher	7/01/2023-6/30/2024	$1,152
R. Hart-DeMagistris	Summer AIS Teacher	7/01/2023-6/30/2024	$2,274
B. Hillier	Summer AIS Teacher	7/01/2023-6/30/2024	$428
D. Klim	Summer AIS Teacher	7/01/2023-6/30/2024	$563
S. Kraemer	Summer AIS Teacher	7/01/2023-6/30/2024	$604
J. Montanye	Summer AIS Teacher	7/01/2023-6/30/2024	$558
A. Mosher	Summer AIS Teacher	7/01/2023-6/30/2024	$2,474
J. Papa-Strouse	Summer AIS Teacher	7/01/2023-6/30/2024	$1,406
K. Peck	Summer AIS Teacher	7/01/2023-6/30/2024	$1,670
R. Peconie	Summer AIS Teacher	7/01/2023-6/30/2024	$67
K. Pedrick	Summer AIS Teacher	7/01/2023-6/30/2024	$2,165
K. Preston	Summer AIS Teacher	7/01/2023-6/30/2024	$869
C. Rau	Summer AIS Teacher	7/01/2023-6/30/2024	$1,433

S. Salatel	Summer AIS Teacher	7/01/2023-6/30/2024	$2,383
C. Taylor	Summer AIS Teacher	7/01/2023-6/30/2024	$992
A. Thiessen	Summer AIS Teacher	7/01/2023-6/30/2024	$1,479
K. Torell	Summer AIS Teacher	7/01/2023-6/30/2024	$1,296
A. Turner-Carlson	Summer AIS Teacher	7/01/2023-6/30/2024	$757
K. Warner	Summer AIS Teacher	7/01/2023-6/30/2024	$173
S. Wood	Summer AIS Teacher	7/01/2023-6/30/2024	$2,046
S. Murphy	Summer AIS Teacher	7/01/2023-6/30/2024	$1,266

PURCHASED SERVICES			
		Subtotal - Code 40	$110,323
Encumbrance Date	Provider of Service	Check or Journal Entry #	Amount Expended
6/08/22	Family Counseling Center, The	JE312	$50,000
12/19/23	Family Counseling Center, The	3115	$6,480
12/19/23	Family Counseling Center, The	3120	$4,883
6/30/23	Family Counseling Center, The	JE316	$48,960

Employee Benefits			
		Subtotal - Code 80	$99,773
Benefit	Salaries (from codes 15 and 16)	Rate	Amount Expended
Teacher Retirement	**$257,467.00**	**9.76%/10.29%/ 10.02%**	$25,158
Employee Retirement			
Other Retirement			
Social Security	$257,467.00	7.65%	$19,697
Worker's Compensation	$257,467.00	3.74%	$9,630
Unemployment Insurance	$257,467.00	1.50%	$3,862
Health Insurance			$41,284
Other(Identify)			
Life Ins.			$142

PURCHASED SERVICES WITH BOCES			
		Subtotal - Code 49	$14,422
Encumbrance Date	Name of BOCES	Check or Journal Entry #	Amount Expended
6/30/22	HFM BOCES	JE448	$14,422

FINAL EXPENDITURE SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	$257,467
Support Staff Salaries	16	
Purchased Services	40	$110,323
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	$99,773
Indirect Cost	90	
BOCES Services	49	$14,422
Minor Remodeling	30	
Equipment	20	
Grand Total		$481,985

LOCAL AGENCY INFORMATION

Agency Code: **170600010000**

Project #: **5884-21-0965**

Contract #:

Agency Name: Greater Johnstown School District

Funding Dates: 7/1/2021 TO 9/30/2024

Approved Budget Total: $ 499,996

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).

___/___/___ _____

Date *Signature*

Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLY

Fiscal Year	Amt Expended	Final Payment	Line #

Voucher # Final Payment

Finance: Logged_____ Approved_____ MIR_____