

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
 Grants Finance, Rm. 510W EB
 Albany, New York 12234

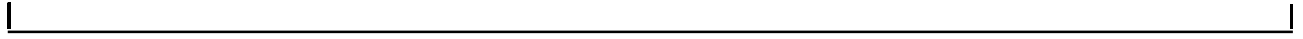
**FINAL EXPENDITURE REPORT FOR A
 FEDERAL OR STATE PROJECT
 FS-10-F Long Form (03/15)**

= Required Field

Local Agency Information			
Funding Source:	CRRSA-ESSER2		
Report Prepared By:	Debbie Hazapis		
Agency Name:	Albany Leadership Charter School for Girls		
Mailing Address:	150 New Scotland Avenue, Floor 3		
	Street		
	Albany	NY	12203
	City	State	Zip Code
Telephone # of Report Preparer:	518-694-5300	County: Albany	
E-mail Address:	dhazapis@albanyleadership.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	\$195,101
Name	Position Title	Beginning and End Dates of Work	Salary Paid	
	Special Education Teacher	7/31/21-07/31/22	\$40,020	
	Special Education Teacher	7/31/21-07/31/22	\$40,020	
	Intervention Teacher	7/31/21-07/31/22	\$40,020	
	Intervention Teacher	7/31/21-07/31/22	\$45,020	
	6th Grade Summer Bridge Coordinator	7/6/21-8/13/21	\$15,021	
	Summer Enrichment Teacher	7/6/21-8/13/21	\$15,000	

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$25,200
Name	Position Title	Beginning and End Dates of Work	Salary Paid
	Enrichment Aid	7/6/21-8/13/21	\$10,800
	Curriculum Development	7/31/21-07/31/22	\$14,400

PURCHASED SERVICES			
Subtotal - Code 40			\$125,202
Encumbrance Date	Provider of Service	Check or Journal Entry #	Amount Expended
7/21-8/23	AVID	11946, 11914, 37804, 37803, 39304	\$18,367
7/31/21	NWEA	56493	\$11,375
8/1/21-8/23	Durham School Services	12187, 38619, 12116, 38773, 38911, 50178	\$95,460

Employee Benefits

Subtotal - Code 80			\$8,000
Benefit	Salaries (from codes 15 and 16)	Rate	Amount Expended
Teacher Retirement			
Employee Retirement			
Other Retirement			
Social Security			
Worker's Compensation			\$2,000
Unemployment Insurance			\$1,000
Health Insurance			\$5,000
Other(Identify)			

EQUIPMENT			
Subtotal - Code 20			\$62,241
Purchase Order Date	Vendor	Check or Journal Entry #	Amount Expended
8/16/22	CDW	20504	\$26,130
7/28/21	Esco	10508	\$16,740
10/14/22	Tequipment	36388	\$3,749
9/14/21	CDW	720645	\$11,970
4/21/21	Apple Store	10321	\$3,652

FINAL EXPENDITURE SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$195,101
Support Staff Salaries	16	\$25,200
Purchased Services	40	\$125,202
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$8,000
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	\$62,241
Grand Total		\$415,744

<u>LOCAL AGENCY INFORMATION</u>			
Agency Code:	010100860960		
Project #:	5891-21-4645		
Contract #:			
Agency Name:	Albany Leadership Charter School for Girls		
Funding Dates:	3/13/2020	TO	9/30/2023
Approved Budget Total:	\$ 415,744		

<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).

10/6/2023 _____
Date Signature

Carina D. Cook Superintendent/CEO
Name and Title of Chief Administrative Officer

Finance: Logged _____ Approved _____ MIR _____

