NOTICE OF OVERPAYMENT FS-80 (01/11)

EA-1

[F] 4289.000. ASARP

Grants Finance NY State Education Department 89 Washington Avenue Room 510 EB W Albany, NY 12234

Refund #:

Check #:
Entered:

Initials:

Date check sent to accounting:

Phone: (518) 474-4815 E-mail: grantsweb@ny			Cb *4	12654	12/04/2024
Agency Code:	020101040000			FS-801	ARPSLR
Project #:	5883-21-0070	Contract	#		
Agency Name:	Alfred-Almond CSD			T X	
Funding Source:	ARP SLR Comp. After	School			
Contact Person:	Amy Davis amdavis	@gstboces.org		6 d	
A desk review of the F Based on this review, a	Final Expenditure Report (an overpayment has been o	(FS-10-F) for the calculated as fo	ne above refere llows:	nced pro	ject has been completed.
1. Amount ac	cepted by review		\$ 0		
2. Payment t	o date		\$ 20,000		
3. Overpaym	nent		\$ 20,000		
remit directly to must be submitte within 30 days o until the overpay	the address noted above. ed for the amount due or if the date of this notice, Ament has been remitted. From the amount due or the date of this notice, Ament has been remitted.	If refunds are n each project. ALL subsequen Please return a c	due on more If payment is it grant and gra copy of this not	than one s not recount contra	project, separate checks eived by Grants Finance act payments will be held the refund check.
A refund check is	s not required. The overpa	ayment on this	project has bee	n transte	rred to project number
If you have any question	ons concerning the desk re	view or overpa	yment procedu	ires, pleas	se contact this office.
	anne Deyette .deyette@nysed.gov		11/18/202	24	
	Reviewer		Date		
FOR DEPARTM	MENT USE ONLY	Fund/Year	Line#	Algeria	Refund Amount

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)

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_	Local Ager	ncy Information		
Funding Source:	RP SLR COMPREN	SIVE AFTER SCHOO	DL .	
Report Prepared By:	MY DAVIS			
Agency Name:	LFRED-ALMOND CS	SD		
Mailing Address: 6	795 STATE ROUTE	21		
	ALMOND	NY	14804	
	City	State	Zip Code	
Telephone # of Report Preparer: 607-79	5-5350 EXT 1248	County: STE	UBEN	
E-mail Address:	AMDA'	VIS@GSTBOCES.O	 RG	7

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/.

Page 2 of 2

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	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Gran	d Total	\$0

<u>L</u>	OCAL AGENC	Y INFO	RMATION	
Agency Code:	026	0101040	000	
Project #:	5883-	21-0070		
Contract #:				
Agency Name:	ALFRED-ALMO	ND CSD		
Funding Dates:	3/13/2020	то	9/30/2024	_
Approved Budge	et Total: \$ 100,	002		

(Grand Total	\$0
	1	
CHIEF ADMIN	ISTRATOR'S	CERTIFICATION
By signing this report, I d	certify to the be	est of my knowledge and
belief that the report is tr	ue, complete,	and accurate, and the
expenditures, disbursem	ents and cash	receipts are for the
purposes and objectives	set forth in the	e terms and conditions of
the Federal (or State) av	vard. Lam awa	ire that any false,
fictitious, or fraudulent in	iformation, or th	he omission of any
material fact, may subje	ct me to crimin	al, civil, or administrative
penalties for fraud, false	statements, fa	lse claims, or otherwise.
(U.S. Code Title 18, Sec	tion 1001 and	Title 31, Sections 3729-
3730 and 3801-3812).	7	\ <i>/</i>
0 21.2-21		X
9 126/2024		
5.4	0:	
Date	Sign	nature
Name and Title of	Chief Adm	ninistrative Officer

FOR DEPARTMENT USE ONLY						
Fiscal Year	Amt Expended	Final Payment Line #				
and the second s						
		0.7.				
Voucher	#	Final Payment				

Processed as significantly undersant 1/8/24 8/m

				D .	ā .				
ID	Vendor Name		Vendor Addres					Date	Check Number
75914	Treasury of the State of New	York	89 Washington Av Room 510 EB W Albany, NY 12234	mue				12/4/2024	42654
Purch	ase Order Number		Budget Account				Invoice N	umber	Amount
		F 4289.000.ASARP	·			FS-80ARPSLR			\$20,000.00
								Check Total	: \$20,000.00

42654

Federal Fund

*****20,000 DOLLARS and 00 CENTS*****

12/04/2024

\$20,000.00

Treasury of the State of New York 89 Washington Avenue Room 510 EB W Albany, NY 12234

Kathryn Kruger - AP

District Treasurer

ID	Vendor Name	Vendor Address	Date	Check Number
75914	Treasury of the State of New York	89 Washington Avenue Room 510 EB W Albanv. NY 12234	12/4/2024	42654

Purchase Order Number	Budget Account	Invoice Number	Amount
	F 4289.000.ASARP	FS-80ARPSLR	\$20,000.00

Check Total: \$20,000.00