Department of Education
Carmen Fariña, Chancellor

Fiscal Year 201c IDEA Vendor Funding

ASEP 10F Form

Final Expenditure Report
for the Use of New York City Department of Education
IDEA Vendor Funding
by State Approved Special Education Programs (ASEPs)

INSTRUCTIONS

In expending federal Individuals with Disabilities Education Act (IDEA) sections 611 and 619 Part B grant funds as vendors to the New York City Department of Education (NYCDOE), State approved special education programs (ASEPs) are required to apply sound internal controls and to conform to applicable law, regulations and guidance.

If an ASEP is a recipient of vendor funding under both Section 611 and 619, a separate final expenditure report (ASEP 10F form) must be prepared for each section. ASEPs must carefully compare their final expenditure report to the total allocation for the year. The total expenditures cannot exceed the total allocation, including carryover from a prior year's funding allocation. ASEPs may be requested to provide additional detail and records to support reported expenditures.

The NYCDOE expects that expenditures reported on the ASEP 10F form will align with the final, approved ASEP 10 budget and application approved by NYCDOE. Changes to the final, approved ASEP 10 budget and application should have been made on an ASEP 10A form in accordance with NYCDOE directives. **If the final expenditure report does not align with the final, approved ASEP 10 budget and application, the NYCDOE may disallow the expenditure and seek recoupment of the funds.**

Requests for amendments (ASEP 10A form) must be completed using the PDF form available at: http://schools.nyc.gov/Offices/EnterpriseOperations/ChiefFinancialOfficer/DFO/PayableOperations/KeyDocuments/ideagrant.htm

Final expenditure reports (ASEP 10F form) must be completed using the PDF form available at: http://schools.nyc.gov/Offices/EnterpriseOperations/ChiefFinancialOfficer/DFO/PayableOperations/KeyDocuments/ideagrant.htm.

All ASEP 10F forms must be typed. The NYCDOE will not accept hand written forms. The subtotals on the form automatically calculate, please do not write over or change the totals.

- ✓ All encumbrances must have taken place within the approved funding dates of the project.
- ✓ Use whole dollar amounts.
- ✓ Certification on page 9 must be signed by Chief Administrative Officer or designee.

Final expenditure reports must be submitted to the NYCDOE by a2yŘl·è, August 1p, 201c.

Please send a digital copy via email to ASEPSupplFund@schools.nyc.gov and mail the original, signed hard copy of the ASEP 10F form signed by the ASEP's chief administrator to:

NYC Department of Education
65 Court Street, Room 1001
Brooklyn, NY 11201
Attention: IDEA Unit

Fiscal Year 201c IDEA Vendor Funding
Final Expenditure Report

ASEP 10F Form

Project Operation Dates: July 1, 201p to June 30, 201c

Project Section: ◯ 611 ◯ 619

BEDS Number (12 digits):	**Vendor Number (9 digits):**
ASEP Name:	
Mailing Address:	
City, State, Zip:	
Telephone Number:	
Fax Number:	
Primary Contact Name:	
Primary Contact Telephone Number:	
Primary Contact E-mail Address:	
Alternate Contact Name:	
Alternate Contact Telephone Number:	
Alternate Contact E-mail Address:	

Fiscal Year 201c IDEA Vendor Funding
Final Expenditure Report

Code 15S: Pedagogical, Therapeutic and Other Direct Service Staff on Salary *

Include all salaries for professional staff approved in budget (ASEP 10 form)

Project/ Activity Number	Name	Job Title	Dates of Employment (include start and end dates)	Total Salary Paid	Salary Charged to IDEA
		Total Salaries (professional staff on salary):		$ 0.00	$ 0.00

Code 15H: Pedagogical, Therapeutic and Other Direct Service Staff Paid Hourly *

Include all salaries for professional staff approved in budget (ASEP 10 form)

Project/ Activity Number	Name	Job Title	Hourly Rate	Total Compensation Paid	Compensation Charged to IDEA
		Total Salaries (professional staff paid hourly):		$ 0.00	$ 0.00

*If the breakdown of expenditures does not fit in the space provided, please enter the total amount charged to IDEA, and attach the breakdown on a separate sheet of paper.

Code 16S: Support Staff on Salary *

Include all salaries for support staff approved in budget (ASEP 10 form)

Project/ Activity Number	Name	Job Title	Dates of Employment (include start and end dates)	Total Salary Paid	Salary Charged to IDEA
		Total Salaries (support staff on salary):		$ 0.00	$ 0.00

Code 16H: Support Staff Paid Hourly *

Include all salaries for support staff approved in budget (ASEP 10 form)

Project/ Activity Number	Name	Job Title	Hourly Rate	Total Compensation Paid	Compensation Charged to IDEA
		Total Salaries (support staff paid hourly):		$ 0.00	$ 0.00

*If the breakdown of expenditures does not fit in the space provided, please enter the total amount charged to IDEA, and attach the breakdown on a separate sheet of paper.

Code 20: Equipment *

Items of equipment purchased must align in description and quantity with the equipment approved in budget (ASEP 10 form)

Project/ Activity Number	Vendor	Item(s)	Total Cost	Amount Charged to IDEA
		Total Equipment:	$ 0.00	$ 0.00

Code 40: Purchased Services *

Include all purchased services approved in budget (ASEP 10 form)

Project/ Activity Number	Description of Service	Provider of Service	Total Cost	Amount Charged to IDEA
		Total Purchased Services:	$ 0.00	$ 0.00

*If the breakdown of expenditures does not fit in the space provided, please enter the total amount charged to IDEA, and attach the breakdown on a separate sheet of paper.

Code 45: Supplies and Materials *

Include all supplies and materials approved in budget (ASEP 10 form)

Project/ Activity Number	Vendor	Description of Items (*e.g.,* art supplies, manipulatives, books)	Total Cost	Amount Charged to IDEA

Code 46: Travel *

Include all travel expenses approved in budget (ASEP 10 form)

Project/ Activity Number	Name of Traveler	Title of Traveler (*e.g.,* parent, teacher, speech therapist)	Destination and Purpose	Dates of Travel	Total Cost	Amount Charged to IDEA
			Total Travel:		$ 0.00	$ 0.00

Code 80: Employee Benefits

Enter the total project salary for each applicable benefit category. Fringe Benefits may be claimed only for salaries reported in Codes 15S, 15H, 16S or 16H. Rates used for IDEA project staff must be the same as those used for other agency staff.

Type of Fringe Benefits	Total Salaries Charged to IDEA	Fringe Benefit Rate	Fringe Benefit Charged to IDEA
Retirement		0.00%	
Health Insurance		0.00%	
Social Security		0.00%	
Workers' Compensation/Disability Insurance		0.00%	
Unemployment Insurance		0.00%	
Tuition Reimbursement			
	Total Employee Fringe Benefit:		$ 0.00

*If the breakdown of expenditures does not fit in the space provided, please enter the total amount charged to IDEA, and attach the breakdown on a separate sheet of paper.

Final Expenditure Summary for IDEA Vendor Funding

Category	Code	ASEP 10 Sub-Total Staff Costs	ASEP 10 Budget Totals*	Sub-Total Project Staff Costs	Total Project Costs
Service Staff on Salary	15S	$ 0.00		$ 0.00	
Service Staff Paid Hourly	15H	$ 0.00	$ 0.00	$ 0.00	$ 0.00
Support Staff on Salary	16S	$ 0.00		$ 0.00	
Support Staff Paid Hourly	16H	$ 0.00	$ 0.00	$ 0.00	$ 0.00
Equipment	20		$ 0.00		$ 0.00
Purchased Services	40		$ 0.00		$ 0.00
Supplies and Materials	45		$ 0.00		$ 0.00
Travel Expenses	46		$ 0.00		$ 0.00
Employee Benefits	80				$ 0.00
				Grand Total:	$ 0.00

***These totals should correspond to the budget code totals from your approved ASEP 10 form.**

CHIEF ADMINISTRATOR CERTIFICATION

I certify that I have reviewed this final expenditure report, that the expenditures are for the benefit of NYCDOE's students with disabilities, and that, if approved, the incurred costs will not be reported in any other request for funding, including as reimbursement through program tuition.

Signature: _____ *Date:* _____

Name (typed): _____ *Title (typed):* _____

FOR DEPARTMENTAL USE ONLY

Purchase Order#: _____ Grant Year: _____

Final Payment: _____ Approval: _____

Voucher Number: _____ Date: _____