

## **Fiscal Year 2015 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 Friday, August 14, 2015.**

Please send a digital copy via email to [ASEPSupplFund@schools.nyc.gov](mailto: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 2015 IDEA Vendor Funding  
Final Expenditure Report**

**ASEP 10F Form**

**Project Operation Dates:** July 1, 2014 to June 30, 2015

**Project Section:**           611           619

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



**Code 16S: Support Staff on Salary**

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

| Project/<br>Activity<br>Number                   | Name | Job Title | Dates of Employment<br>(include start and end<br>dates) | Total Salary<br>Paid | Salary<br>Charged to<br>IDEA |
|--|------|-----------|---|----------------------|------------------------------|
|  |      |           |   |                      |                              |
|  |      |           |   |                      |                              |
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|  |      |           |   |                      |                              |
|  |      |           |   |                      |                              |
|  |      |           |   |                      |                              |
| <b>Total Salaries (support staff on salary):</b> |      |           |   |                      |                              |

**Code 16H: Support Staff Paid Hourly**

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

| Project/<br>Activity<br>Number                     | Name | Job Title | Hourly<br>Rate | Total<br>Compensation Paid | Compensation<br>Charged to IDEA |
|--|------|-----------|----------------|----------------------------|---------------------------------|
|  |      |           |                |                            |                                 |
|  |      |           |                |                            |                                 |
|  |      |           |                |                            |                                 |
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|  |      |           |                |                            |                                 |
|  |      |           |                |                            |                                 |
|  |      |           |                |                            |                                 |
| <b>Total Salaries (support staff paid hourly):</b> |      |           |                |                            |                                 |







**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  |                               |                        |                               |                     |
| Service Staff Paid Hourly | 15H  |                               |                        |                               |                     |
| Support Staff on Salary   | 16S  |                               |                        |                               |                     |
| Support Staff Paid Hourly | 16H  |                               |                        |                               |                     |
| Equipment                 | 20   |                               |                        |                               |                     |
| Purchased Services        | 40   |                               |                        |                               |                     |
| Supplies and Materials    | 45   |                               |                        |                               |                     |
| Travel Expenses           | 46   |                               |                        |                               |                     |
| Employee Benefits         | 80   |                               |                        |                               |                     |
| <b>Grand Total:</b>       |      |                               |                        |                               |                     |

\*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): \_\_\_\_\_

|                                  |                   |
|----------------------------------|-------------------|
| <b>FOR DEPARTMENTAL USE ONLY</b> |                   |
| Purchase Order#: _____           | Grant Year: _____ |
| Final Payment: _____             | Approval: _____   |
| Voucher Number: _____            | Date: _____       |