

South Orangetown Central School District

160 Van Wyck Road, Blauvelt, NY 10913 - *FAX 845-680-1901

Janice Marsico

Accountant I

845-680-1040

jmarsico@socsd.org

June 14, 2022

Administrative Support Group

NYSED - Grants Finance

Rm 510 West EB

89 Washington Ave

Albany, NY 12234

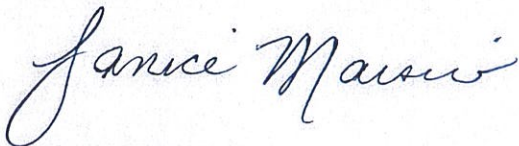
Dear Sir or Madam:

Enclosed please find the original and 2 copies of the following CARES ACT FS10-A Reports for the South Orangetown Central School District:

- GEER 5895-21-2550
- ESSER 5890-21-2550

Thank you for your assistance.

Sincerely,



Janice Marsico
Accountant I

FILE COPY
SOUTH ORANGETOWN CSD



Tappan Zee High School South Orangetown Middle School
Cottage Lane Elementary School William O. Schaefer Elementary School

The University of the State of New York
THE STATE EDUCATION DEPARTMENT

GERP
PROPOSED AMENDMENT FOR A
FEDERAL OR STATE PROJECT
FS-10-A (03/15)

= Required Field

Received
JUN 16 2022
Office of Accountability

Agency Name: <u>South Orangetown Central School District</u>	<u>Rockland</u>
Mailing Address: <u>160 Van Wtck Road</u>	<u>County</u>
<u>Blauvelt, NY 10913</u>	

Agency Code: <input type="text" value="500301060000"/>	Amendment #: <input type="text" value="001"/>
Project Number: <input type="text" value="5895 21-2550"/>	
Contract #:	
Contact Person: <input type="text" value="Janice Marsico"/>	Tel: <input type="text" value="845-680-1040"/>
E-mail Address: <input type="text" value="jmarsico@socsd.org"/>	

RECEIVED
Business
Office
SOCSD
11/28/22
Jm

INSTRUCTIONS

- Submit the original and two copies directly to the same State Education Department office where budget was mailed. DO NOT submit this form to Grants Finance.
- This form need only be submitted for budget changes that require prior approval as follows:
 - Personnel positions, number and type
 - Equipment items having a unit value of \$5,000 or more, number and type
 - Minor remodeling
 - Any increase in a budget subtotal (professional salaries, purchased services, travel, etc.) by more than 10 percent or \$1,000, whichever is greater
 - Any increase in the total budget amount.
- Amendment # at top of this page must be completed.
- If extra room is needed for explanations, expand the rows using the row breaks on the left.
- Do not use the FS-10-A for requesting a project extension.

CHIEF ADMINISTRATOR'S CERTIFICATION

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, & accurate, & the expenditures, disbursements, & cash receipts are for the purposes & objectives set forth in the terms & 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: 3/28/2022 Signature: [Signature]

FOR DEPARTMENT USE ONLY

Program Approval: [Signature] Date: 6-27-22
 Finance:
 Logged Approved

RECEIVED

SEP 28 2022

GRANTS FINANCE

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 - Professional Salaries			
16 - Support Staff Salaries			
40 - Purchased Services			
45 - Supplies & Materials			
46 - Travel Expenses			
80 - Employee Benefits			
90 - Indirect Cost			
49 - Boces Services	Purchase of Kajeet Hotspot devices for connectivity at home during COVID		\$43,423
30 - Minor Remodeling			
20 - Equipment	Purchase of Kajeet Hotspot devices for connectivity at home during COVID	\$43,423	
	Total Increase or Decrease:	(+) \$ 43,423	(-) \$ 43,423
	Net Increase or Decrease:	\$ 0	
ENTER BUDGET >	Previous Budget Total:	\$ 43,423	
	Proposed Amended Total:	\$ 43,423	

Submitted as 20

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 Remodelling	30	
Equipment	20	\$43,423
Grand Total		\$43,423

Agency Code: **500301060000**

Project #: **5895-21-2550**

Contract #: _____

Agency Name: **South Orangetown Central School District**

Original Approved Budget - amendment will decrease this amount from this code

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).

2/24/21
Date

Robert R. Pritchard
Signature

Robert R. Pritchard, Superintendent

Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLY

Funding Dates: 3-13-20 From 9-30-22 To

Program Approval: Joi Chen Date: 2-23-21

Fiscal Year	First Payment	Line #
20	8,684	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

20

8,684

Voucher #

First Payment

Finance: Logged 2/24/21

Approved 

MIR _____

FINAL EXPENDITURE SUMMARY

Charged against 49

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	\$43,423
Minor Remodeling	30	
Equipment	20	
Grand Total		\$43,423

LOCAL AGENCY INFORMATION

Agency Code: **500301060000**

Project #: **5895-21-2550**

Contract #:

Agency Name: **South Orangetown CSD**

Funding Dates: **3/20/2021** TO **9/30/2023**

Approved Budget Total: \$ **43,423**

Submitted Finals - Amendment will increase this amount from this code.

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).

9/28, 2021 

Date Signature

Robert Pritchard, Superintendent

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 _____

