

JAN 28 2021

OFFICE OF ACCOUNTABILITY

= Required Field

**Local Agency Information**

**Funding Source:**  CARES Act GEER Application

**Report Prepared By:**  Alicia D Koster

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

**Mailing Address:**  160 Van Wyck Road

Street

Blauvelt

New York

10913

City

State

Zip Code

**Telephone # of Report Preparer:**  845-680-1006

**County:**  Rockland

**E-mail Address:**  [akoster@socsd.org](mailto:akoster@socsd.org)

**Project Funding Dates:**  3/13/2020  9/30/2022  
Start End

**INSTRUCTIONS**

- Submit the original FS-10 Budget and the required number of copies along with the completed application directly to the appropriate State Education Department office as indicated in the application instructions for the grant program for which you are applying. DO NOT submit this form to Grants Finance.
- The Chief Administrator's Certification on the Budget Summary worksheet must be signed by the agency's Chief Administrative Officer or properly authorized designee.
- An approved copy of the FS-10 Budget will be returned to the contact person noted above. A window envelope will be used; please make sure that the contact information is accurate and confined to the address field without altering the formatting.
- For information on budgeting refer to the Fiscal Guidelines for Federal and State Aided Grants at <http://www.oms.nysed.gov/cafe/guidance/>.

EQUIPMENT			
Subtotal - Code 20			\$43,423
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Kajeet Hotspot T41 with Case & power cable	167.00	\$260.00	\$43,423

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**BUDGET 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	\$43,423
<b>Grand Total</b>		<b>\$43,423</b>

Agency Code: **500301060000**

Project #: \_\_\_\_\_

Contract #: \_\_\_\_\_

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

**FOR DEPARTMENT USE ONLY**

Funding Dates: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Program Approval: \_\_\_\_\_ Date: \_\_\_\_\_

<u>Fiscal Year</u>	<u>First Payment</u>	<u>Line #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Voucher # \_\_\_\_\_ First 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).*

8/13/20 \_\_\_\_\_  
Date Signature

**Robert R. Pritchard, Superintendent**  
Name and Title of Chief Administrative Officer

**BUDGET NARRATIVE**

<b>LEA: South Orangetown Central School District</b>	<b>FOR TITLE: CARES Act GEER Application</b>
<b>BEDSCODE: 500301060000</b>	

**\*\* MUST BE SUBMITTED WITH EACH BUDGET IN THE CONSOLIDATED APPLICATION**

If using Transferability, please indicate on the Budget Narrative and FS-10 the amount of funds to be included under transferability in the budget categories where funds will be used. Example: In the Title IIA budget under Code 15 – Transferability - Title I Reading Teacher – FTE.35 - \$15,000.

<b>CODE/ BUDGET CATEGORY</b>	<b>EXPLANATION OF EXPENDITURES IN THIS CATEGORY (as it relates to the program narrative for this title)</b>
<i>Code 15 Professional Salaries</i>	
<i>Code 16 Support Staff Salaries</i>	
<i>Code 40 Purchased Services</i>	
<i>Code 45 Supplies and Materials</i>	
<i>Code 46 Travel Expenses</i>	

<b>CODE/ BUDGET CATEGORY</b>	<b>EXPLANATION OF EXPENDITURES IN THIS CATEGORY (as it relates to the program narrative for this title)</b>
<i>Code 80 Employee Benefits</i>	
<i>Code 90 Indirect Cost</i>	
<i>Code 49 BOCES Services</i>	
<i>Code 30 Minor Remodeling</i>	
<i>Code 20 Equipment</i>	<i>\$43,423 Purchase of Kajeet Hotspot devices with case and power cable to provide access and connectivity at home for our students in remote learning.</i>

CF121  
 ENTRY DATE 02/26/21  
 PROJECT 5895212550  
 SED CODE 500301060000  
 NYC DOC #

GRANTS FINANCE  
 PROJECT STATUS REPORT  
 CARES ACT - GEER  
 SOUTH ORANGETOWN CSD

RUN DATE 02/26/21

BUDGET DETAIL INFORMATION

PROF SALARY	15	0.00	BEGIN DATE	03/13/20
NON PROF SALARY	16	0.00	END DATE	09/30/22
PURCH SERVICES	40	0.00	AMENDMENT #	
SUPP & MATERIAL	45	0.00	CONTRACT #	
TRAVEL EXPENSE	46	0.00	STOP DATE	
EMP BENEFITS	80	0.00	REFUND CHECK #	
INDIRECT COST	90	0.00	IND COST RATE	2.8
BOCES SERVICES	49	0.00	INT ELIG	N
REMODELING	30	0.00		
EQUIPMENT	20	43,423.00		

BUDGET SUMMARY INFORMATION

FUNDYEAR	BUDGET SPLITS	PAID TO DATE	OUTSTANDING ENC
589521	0.00	0.00	0.00
589520	43,423.00	8,684.00	34,739.00
589519	0.00	0.00	0.00
	0.00	0.00	0.00
	0.00	0.00	0.00
TOTAL	43,423.00	8,684.00	34,739.00

LOG AND CONTRACT DATES

BUDGET	RECEIVED	ENTERED	CONTRACT	APPROVED
INTERIM	02/24/21	02/25/21		
FINAL				

CASH DETAIL

ENTRY	DOC #	TRANS	ENC	RPT	LINE	AMOUNT	FUNDYR	MIR	PD	DT	STAT
022621	530837F	INIT	000	02/21	01	8,684.00	589520	022421			REL

THIS BUDGET HAS BEEN PROCESSED BY THE NEW YORK STATE  
 EDUCATION DEPARTMENT. THIS SUMMARY REPLACES THE SIGNED COPY.





Grants Finance, Room 510W, Education Building, Albany, NY 12234  
 Tel. (518) 474-4815 Fax (518) 486-4899  
 Email: GRANTSWEB@NYSED.GOV

REVISED  
 2/24/2022 SW

(A) Fund

<b>Grant Award Recipient</b>  SUPERINTENDENT SOUTH ORANGETOWN CSD 160 VAN WYCK RD BLAUVELT, NY 10913-1299	<b>Date</b> 02/25/21
	<b>Project Number</b> 5895212550
	<b>Agency Code</b> 500301060000
<b>Funding Source</b> CARES ACT - GEER	<b>DUNS Number</b> 096984000
<b>CFDA Index Number</b> 84425C	<b>Law</b> PL 116-136 CARES ACT
<b>Federal Award Identification Number (FAIN)</b> S425C200020  THE PROJECT MAY BE PAID FROM OTHER AWARDS WITH DIFFERENT FAINS DEPENDING ON PERIOD OF AVAILABILITY OF FEDERAL FUNDS AND THE APPROVED PROJECT PERIOD.	<b>Regulations</b> EDGAR & 2CFR AS APPLIC.
	<b>Commissioner's Regulations</b> NA
<b>Federal Award Date</b> 05/22/20 THIS FEDERAL AWARD IS NOT FOR RESEARCH AND DEVELOPMENT.	<b>Maximum Indirect Cost Rate</b> SUB-RECIPIENT HAS AN ANNUAL NEGOTIATED INDIRECT COST RATE W/NYSED (THE PASS THROUGH ENTITY)
<b>Federal Awarding Agency</b> US DEPT OF ED.	<b>Funding Dates/Period of Performance</b> 03/13/20-09/30/22
<b>Approved Budget Total*</b> \$43,423 *IF THE SUB-AWARD IS \$25,000 OR MORE, IT IS SUBJECT TO REPORTING REQUIREMENTS UNDER FEDERAL FUNDING AND TRANSPARENCY ACT (FFATA) OF 2006.	<b>First Payment</b> \$8,684
	<b>Final Report (FS-10-F Long Form) Due</b> 10/30/22
<b>SED Fiscal Contact</b>  SARAH MARTIN/SABRINA MCGINTY (518)474-4815	<b>SED Program Contact</b>  ERICA MEAKER CARESACT@NYSED.GOV (518)473-0295

It is the sub-recipient's responsibility to conduct activities in accordance with applicable statutes, regulations, policies, terms, conditions and assurances. All grants are subject to further review, monitoring and audit to ensure compliance. The Department has the right to recoup funds if the approved activities are not performed and/or the funds are expended inappropriately.

In accordance with Section 41 of the State Finance Law, the State shall have no liability under this grant to the grantee or to anyone else beyond funds appropriated and available for this grant. The approved budget (FS-10) will be sent under separate cover. Please retain this document with your files.