



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

MAR 0 4 2003

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

GOSHEN CENTRAL SCHOOL

BUSINESS O REPLET Required Field

225880

Local Agency Information				
Funding Source:	STATE RESERVE-SU	JMMER ENRICHMENT		
Report Prepared By:	RICHARD LINDEN			
Agency Name:	GOSHEN C.S.D.		Received	
Mailing Address:	227 MAIN STREET		DEC 1 7 2021	
		Street	ice of Accountability	
	GOSHEN	NY	10924	
İ	City	State	Zip Code	
Telephone # of Report Preparer: 845-615-6744 County: ORANGE				
E-mail Address: richard.lin	nden@gcsny.org			
Project Funding Dates:	3/13/2020	9/3	30/2024	
2 9	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/.

SALARIES F	FOR PROFESSION	ONAL STAFF	
		Subtotal - Code 15	\$84,929
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Summer Teachers	1.00	\$85,000	\$84,929
\$56.17/ hour x 9 hours/ wk x 6 wks			
x 28 teachers			

	Employee Benefits	
	Subtotal - Code 80	\$24,722
	Benefit	Proposed Expenditure
Social Security		\$6,400
	New York State Teachers	\$8,400
Retirement	New York State Employees	
	Other - Pension	
Health Insurance		\$9,922
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

	CF121		GR	ANTS FINA	NCE		
*	ENTRY DATE 02/28	3/22	PROJEC	T STATUS	REPORT	RUN	DATE 02/28/22
		12245	ARP	SLR SUM	ER ENRICHM	1ENT	
	SED CODE 440601	1040000	GOS	HEN CSD			
	NYC DOC #						
			BUDGET DE	TAIL INFO	RMATION		4
	PROF SALARY	15	84,929.00		DATE	03/13/20	
	NON PROF SALARY		0.00			09/30/24	
	PURCH SERVICES	40	0.00		MENT #		
	SUPP & MATERIAL		0.00		••		
	TRAVEL EXPENSE	46	0.00				
	EMP BENEFITS	80	24,722.00		ID CHECK #		
	INDIRECT COST	90	0.00		OST RATE	11.6	
	BOCES SERVICES	49	0.00		LIG	N	
	REMODELING	30	0.00				
	equ i pment	20	0.00				
			DD.C.T.M. C				
	minimuma n	DUDCEM		MMARY INF		OII.	TSTANDING ENC
	FUNDYEAR	BUDGET		PAI	D TO DATE 21,930.00	OU	87,721.00
	588221 588220	109,	,651.00 0.00		0.00		0.00
	588219		0.00		0.00		0.00
	366219		0.00		0.00		0.00
			0.00		0.00		0.00
	TOTAL	109	651.00	•	21,930.00		87,721.00
	TOTAL	100,	,031.00		21,330.00		07,722.00
			LOG AND	CONTRACT	DATES		
	RECE I	(VED	ENTERED			APPROVED	
	BUDGET 02/14	1/22	02/23/22	CONTRA	CT		
	INTERIM						
	FINAL						

CASH DETAIL

ENTRY DOC # TRANS ENC RPT LINE AMOUNT FUNDYR MIR PD DT STAT 022822 564294F INIT 000 02/22 01 21,930.00 588221 022822 ENT

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

BUDGET NARRATIVE



LEA: Goshen Central School District	FOR TITLE: ARP ESSER Reserve – Summer Enrichment
BEDSCODE: 440601040000	

** 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.

EXPLANATION OF EXPENDITURES IN THIS CATEGORY (as it relates to the program narrative for this title)
\$56.17/hr x 9 hours/wk x 6 wks x 28 teachers
\$84,929
This proposed expenditure is for the potential hiring of teachers to implement evidence-based activities and interventions that respond to students' social, emotional, mental health, and academic needs and address the disproportionate impact of COVID-19 on students from low-income families, students of color, English learners, children with disabilities, students experiencing homelessness, children and youth in foster care, and migratory students during the summer enrichment program.

CODE/ BUDGET CATEGORY	EXPLANATION OF EXPENDITURES IN THIS CATEGORY (as it relates to the program narrative for this title)
Code 46 Travel Expenses	

CODE/ BUDGET CATEGORY	EXPLANATION OF EXPENDITURES IN THIS CATEGORY (as it relates to the program narrative for this title)
Code 80 Employee Benefits	Social Security \$6,400 TRS \$8,400 Health Insurance \$9,922
	This proposed expenditure is for the potential cost of employee benefits resulting from the hiring of teachers to implement evidence-based activities and interventions that respond to students' social, emotional, mental health, and academic needs and address the disproportionate impact of COVID-19 on students from low-income families, students of color, English learners, children with disabilities, students experiencing homelessness, children and youth in foster care, and migratory students during the summer enrichment program.
Code 90 Indirect Cost	
Code 49 BOCES Services	
Code 30 Minor Remodeling	
Code 20 Equipment	

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)

Required Field

Local Agency Information				
Funding Source:	ARP SLR Summer Enrichment			
Report Prepared By:	Amanda Barone			
Agency Name:	Goshen Central School	ol District		
Mailing Address:	s: 227 Main Street Street			
	Goshen City	NY State	10924 Zip Code	
Telephone # of Report Preparer: 845-615-6743 County: ORANGE				
E-mail Address: amanda.barone@gcsny.org				

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/.

T .

SALARIES FOR PROFESSIONAL STAFF				
Subtotal - Code 15 \$93,9				
Name	Position Title	Beginning and End Dates of Work	Salary Paid	
Mendez, Michelle	Teacher	7/1/2023-8/30/2023	\$842	
Miles, Fred	Teacher	7/1/2023-8/30/2023	\$4,048	
Mullane, Hunter	Teacher	7/1/2023-8/30/2023	\$5,213	
Paneto, Marisol	Teacher	7/1/2023-8/30/2023	\$2,818	
Perez, Myra	Teacher	7/1/2023-8/30/2023	\$5,948	
Phillips, Mary	Teacher	7/1/2023-8/30/2023	\$8,084	
Pregiato, Francis	Teacher	7/1/2023-8/30/2023	\$6,134	
Puertas, Soraya	Teaching Assistant	7/1/2023-8/30/2023	\$5,480	
Reid, Kirsten	Teacher	7/1/2023-8/30/2023	\$5,915	
Roman, Aida	Teaching Assistant	7/1/2023-8/30/2023	\$5,425	
Rumsey, Margaret_	Teaching Assistant	7/1/2023-8/30/2023	\$5,919	
Saltzberg, Julissie	Teacher Aide	7/1/2023-8/30/2023	\$5,959	
Schellberg, Casey	Teacher	7/1/2023-8/30/2023	\$5,506	
Schlechtweg, McKenzie	Teacher	7/1/2023-8/30/2023	\$2,309	
Speliman, Susan	Teacher Aide	7/1/2023-8/30/2023	\$1,602	
Tangney, Michael	Teacher	7/1/2023-8/30/2023	\$3,420	
Taravella, Rohrssen, Lisa	Teacher	7/1/2023-8/30/2023	\$1,428	
Tofallos, Joseph	Teacher	7/1/2023-8/30/2023	\$5,924	
Tzouganatos, Dionissia	Assistant Principal	7/1/2023-8/30/2023	\$4,713	
VanCott, Jennifer	Teacher Aide	7/1/2023-8/30/2023	\$1,669	
Williams, Jennifer	Teacher Aide	7/1/2023-8/30/2023	\$5,573	

	Sul	ototal - Code 80	\$15,722
		ototal - Code co	Ψ13,722
Benefit	Salaries (from codes 15 and 16)	Rate	Amount Expended
Teacher Retirement			\$8,323
Employee Retirement		,	
Other Retirement			
Social Security	2015) - 11 (1)		\$6,497
Worker's Compensation	ANNE DE LE CONTROL DE LA CONTR		
Unemployment Insurance			
Health Insurance			\$902
Other(Identify)			

FINAL EXPENDITURE SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$93,929
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$15,722
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$109,651

LOCAL AGENCY INFORMATION			
Agency Code:	440601040000		
Project #:	5882-21-2245		
Contract #:			
Agency Name:	Goshen Central School District		
Funding Dates:	3/13/2020 TO 9/30/2024 et Total: \$ 109,651		

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). Date Signature Dr. Kartis M. Kotes Superitade to School S Name and Title of Chief Administrative Officer

CHIEF ADMINISTRATOR'S CERTIFICATION

By signing this report, I certify to the best of my knowledge and

FOR DEPARTMENT USE ONLY			
Fiscal Year	Amt Expended	Final Payment Line #	
	·		
	:		
			
Voucher#		Final Payment	

Finance: Logged_____ Approved____ MIR____