

ORIGINAL

Capital Project  
In VisionThe University of the State of New York  
THE STATE EDUCATION DEPARTMENTPROPOSED BUDGET FOR A  
FEDERAL OR STATE PROJECT  
FS-10 (03/15)☐ = Required Field

## Local Agency Information

<b>Funding Source:</b>	CRRSA - ESSER2	
<b>Report Prepared By:</b>	Dr. Kurtis Kotes	
<b>Agency Name:</b>	Goshen Central School District	
<b>Mailing Address:</b>	227 Main Street	
	Street	
	Goshen	10924
	City	Zip Code
<b>Telephone # of Report Preparer:</b>	845-615-6720	<b>County:</b> Orange
<b>E-mail Address:</b>	kurtis.kotes@gcsny.org	
<b>Project Funding Dates:</b>	7/1/2021 Start	6/30/23 End

RECEIVED  
JUL 21 2021  
OFFICE OF ACCOUNTABILITY

## 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/>.

CF121

ENTRY DATE 09/08/21  
 PROJECT 5891212245  
 SED CODE 440601040000  
 NYC DOC #

GRANTS FINANCE  
 PROJECT STATUS REPORT  
 CRRSA-ESSER 2  
 GOSHEN CSD

RUN DATE 09/08/21

## BUDGET DETAIL INFORMATION

PROF SALARY	15	0.00	BEGIN DATE	03/13/20
NON PROF SALARY	16	0.00	END DATE	09/30/23
PURCH SERVICES	40	2,466,338.00	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	0.00		

## BUDGET SUMMARY INFORMATION

FUNDYEAR	BUDGET SPLITS	PAID TO DATE	OUTSTANDING ENC
589121	2,466,338.00	493,267.00	1,973,071.00
589120	0.00	0.00	0.00
589119	0.00	0.00	0.00
	0.00	0.00	0.00
	0.00	0.00	0.00
<b>TOTAL</b>	<b>2,466,338.00</b>	<b>493,267.00</b>	<b>1,973,071.00</b>

## LOG AND CONTRACT DATES

	RECEIVED	ENTERED	APPROVED
BUDGET	08/24/21	08/27/21	
INTERIM			
FINAL			

## CASH DETAIL

ENTRY	DOC #	TRANS	ENC	RPT	LINE	AMOUNT	FUNDYR	MIR	PD DT	STAT
090821	547069F	INIT	000	09/21	01	493,267.00	589121	082421		ENT

. 400

F162040004 222245 5891  
 F4289000222245 5891

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

## BUDGET NARRATIVE

<b>LEA: Goshen Central School District</b>	<b>FOR TITLE: ARP ESSER: PART 2</b>
<b>BEDSCODE: 440601040000</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>
<b>Code 15</b> <i>Professional Salaries</i>	<p>50 teachers x \$54.66/hr x 3.5 hrs./day x 3 days/wk. x 5 weeks (Summer)</p> <p>17 teachers x \$54.66/hr x 1 hr./day x 5 days/wk. x 40 weeks (School Year)</p> <p>\$329,327</p>
<b>Code 16</b> <i>Support Staff Salaries</i>	<p>25 aides x \$18.10/hr x 3.5 rs./day x 3 days/wk. x 5 weeks (Summer)</p> <p>11 aides x \$18.10/hr x 1 hr./day x 5 days/wk. x 40 weeks (School Year)</p> <p>8 drivers x \$25.69/hr x 4 hrs./day x 3 days/wk. x 5 weeks</p> <p>\$75,907</p>
<b>Code 40</b> <i>Purchased Services</i>	<p>45 units x \$20,500/unit (Unit Cost)</p> <p>45 units x \$15,416/unit (Labor)</p> <p>\$1,616,220</p>
<b>Code 45</b> <i>Supplies and Materials</i>	
<b>Code 46</b> <i>Travel Expenses</i>	

<b><i>CODE/ BUDGET CATEGORY</i></b>	<b><i>EXPLANATION OF EXPENDITURES IN THIS CATEGORY (as it relates to the program narrative for this title)</i></b>
<b><i>Code 80 Employee Benefits</i></b>	<b><i>Social Security \$760</i></b>
<b><i>Code 90 Indirect Cost</i></b>	
<b><i>Code 49 BOCES Services</i></b>	
<b><i>Code 30 Minor Remodeling</i></b>	
<b><i>Code 20 Equipment</i></b>	

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:	CRRSA-ESSER 2		
Report Prepared By:	Lorine Van Put Lamerand		
Agency Name:	Goshen Central School District		
Mailing Address:	227 Main Street		
	Street		
	Goshen,	NY	10924
	City	State	Zip Code
Telephone # of Report Preparer:	845-615-6740		County: Orange
E-mail Address:	lorine.lamerand@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/>.

PURCHASED SERVICES			
Subtotal - Code 40			\$2,466,338
Encumbrance Date	Provider of Service	Check or Journal Entry #	Amount Expended
07/17/2023	Trane U.S. Inc.	1590, 1584, 200075	\$2,466,338

**FINAL EXPENDITURE SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	16	
Purchased Services	40	\$2,466,338
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$2,466,338

<b>LOCAL AGENCY INFORMATION</b>			
Agency Code:	440601040000		
Project #:	5891212245		
Contract #:			
Agency Name:	Goshen Central School District		
Funding Dates:	7/1/2021	TO	09/30//2023
Approved Budget Total:	\$ 2,466,338		

<b>CHIEF ADMINISTRATOR'S CERTIFICATION</b>	
<p>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).</p>	
<u>9 / 28 / 2023</u> Date	 Signature
<u>Dr. Kurtis H. Kotes, Superintendent of Schools</u> Name and Title of Chief Administrative Officer	

<b>FOR DEPARTMENT USE ONLY</b>			
<u>Fiscal Year</u>	<u>Amt Expended</u>	<u>Final Payment</u>	<u>Line #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Voucher #	Final Payment		

Finance: Logged \_\_\_\_\_ Approved \_\_\_\_\_ MIR \_\_\_\_\_