



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

<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> 12/29/22
<b>SED Fiscal Contact</b>  SARAH MARTIN (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.

CF121  
 ENTRY DATE 10/18/22  
 PROJECT 5895212550  
 SED CODE 500301060000  
 NYC DOC #

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

RUN DATE 10/18/22

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	30,788.00	AMENDMENT #	001
SUPP & MATERIAL	45	12,635.00	CONTRACT #	
TRAVEL EXPENSE	46	0.00	STOP DATE	
EMP BENEFITS	80	0.00	REFUND CHECK #	
INDIRECT COST	90	0.00	IND COST RATE	11.2
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
589521	0.00	0.00	0.00
589520	43,423.00	43,423.00	0.00
589519	0.00	0.00	0.00
	0.00	0.00	0.00
	0.00	0.00	0.00
TOTAL	43,423.00	43,423.00	0.00

LOG AND CONTRACT DATES

BUDGET	RECEIVED	ENTERED	CONTRACT	APPROVED
INTERIM	02/24/21	02/25/21		
FINAL	10/17/22	10/18/22		

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			PAID
050421	538242F	PAY	000	03/21	02	17,824.00	589520	051421			PAID
101321	550925F	PAY	000	06/21	03	12,572.00	589520	092921			PAID
101822	583797F	FINAL	000	10/22	04	4,343.00	589520	101722			ENT

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