

= Required Field

Local Agency Information			
Funding Source:	CRRSA ESSER 2		
Report Prepared By:	Kate DuBois		
Agency Name:	Whitehall Central School District		
Mailing Address:	PO Box 29		
	Street		
	Whitehall	NY	12887
	City	State	Zip Code
Telephone # of Report Preparer:	518-499-0346	County: Washington	
E-mail Address:	kdubois@railroaders.net		
Project Funding Dates:	3/13/2020 Start	9/30/2023 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/>.

MINOR REMODELING		
Subtotal - Code 30		\$902,917
Description of Work to be Performed	Calculation of Cost	Proposed Expenditure
Replacement of original 1968 vintage windows in elementary school.	\$160/sq. ft 72 sq. ft per classroom, 50 classrooms	\$576,000
Replacement of 3 air handling units in elementary school	\$54,000 each	\$162,000
Replace 26 classroom unit ventilators in elementary school	\$6,343 each	\$164,917

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	\$902,917
Equipment	20	
Grand Total		\$902,917

Agency Code: **5891-21-3540**

Project #: _____

Contract #: _____

Agency Name: **Whitehall Central School**

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).

7, 19, 21 _____
 Date Signature

Patrick Dee, Superintendent
 Name and Title of Chief Administrative Officer

Finance: Logged _____

Approved _____

MIR _____