



Grants Finance, Room 510W, Education Building, Albany, NY 12234
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 DISTRICT CLERK

Grant Award Recipient SUPERINTENDENT WHITEHALL CSD 87 BUCKLEY RD WHITEHALL, NY 12887-3633	Date 12/12/23 Project Number 0021243540 Agency Code 641701060000
Funding Source TITLE I-PT A-IMPROV ACAD ACHMT F/DIS	DUNS Number 100057793 UEI- MNWFLNF93QM5
CFDA Index Number 84010A	Law ESEA TITLE IA, 20 USC 6301
Federal Award Identification Number (FAIN) S010A230032 THE PROJECT MAY BE PAID FROM OTHER AWARDS WITH DIFFERENT FAINS DEPENDING ON PERIOD OF AVAILABILITY OF FEDERAL FUNDS AND THE APPROVED PROJECT PERIOD.	Regulations 2 CFR 200, EDGAR AS APPLIC Commissioner's Regulations NA
Federal Award Date 07/01/23 THIS FEDERAL AWARD IS NOT FOR RESEARCH AND DEVELOPMENT.	Maximum Indirect Cost Rate SUB-RECIPIENT HAS AN ANNUAL NEGOTIATED INDIRECT COST RATE W/NYSED (THE PASS THROUGH ENTITY)
Federal Awarding Agency US DEPT OF ED.	Funding Dates/Period of Performance 09/01/23-08/31/24
Approved Budget Total* \$305,116 *IF THE SUB-AWARD IS \$30,000 OR MORE, IT IS SUBJECT TO REPORTING REQUIREMENTS UNDER FEDERAL FUNDING AND TRANSPARENCY ACT (FFATA) OF 2006.	First Payment rec'd 12/26 \$61,023 Final Report (FS-10-F Long Form) Due 11/29/24
SED Fiscal Contact MARIA DOS SANTOS (518) 474-4815	SED Program Contact ERICA MEAKER EB 320 (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.

= Required Field

Local Agency Information			
Funding Source:	Title 1 A Improv Acad Achmt		
Report Prepared By:	Lori Langevin		
Agency Name:	Whitehall Central School		
Mailing Address:	PO Box 29		
	Street		
	Whitehall	NY	12887
	City	State	Zip Code
Telephone # of Report Preparer:	518-499-0346 ext 2023	County: Washington	
E-mail Address:	llangevin@railroaders.net		
Project Funding Dates:	9/1/2023 Start	8/31/2024 End	

INSTRUCTIONS
<ul style="list-style-type: none"> 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 FOR PROFESSIONAL STAFF			
Subtotal - Code 15			\$282,133
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Jr/Sr High Remedial Reading Teacher	1.00	\$90,007	\$90,007
Elementary Remedial Reading Teacher	1.00	\$74,517	\$74,517
Elementary Remedial Reading Teacher	1.00	\$48,774	\$48,774
Elementary Librarian	1.00	\$68,835	\$68,835

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$1,400
Description of Item	Quantity	Unit Cost	Proposed Expenditure
School Supply packets for homeless youth	8.00	\$175.00	\$1,400

Employee Benefits		
		Subtotal - Code 80
		\$21,583
Benefit		Proposed Expenditure
Social Security		\$21,583
Retirement	New York State Teachers	
	New York State Employees	
	Other - Pension	
Health Insurance		
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$282,133
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	\$1,400
Travel Expenses	46	
Employee Benefits	80	\$21,583
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$305,116

Agency Code: **641701060000**

Project #: **0021-24-3540**

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).

6/27/23. 

Date Signature


Name and Title of Chief Administrative Officer