



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

<p><b>Grant Award Recipient</b></p> <p style="text-align: center;">RECEIVED JAN 02 2024</p> <p>SUPERINTENDENT          WHITEHALL CSD          87 BUCKLEY RD          WHITEHALL, NY 12887-DISTRICT CLERK</p>	<p><b>Date</b> 12/18/23</p> <p><b>Project Number</b> 0204243540</p> <p><b>Agency Code</b> 641701060000</p>
<p><b>Funding Source</b> TITLE IV ALLOCATION</p>	<p><b>DUNS Number</b> 100057793 UEI- MNWFLNF93QM5</p>
<p><b>CFDA Index Number</b> 84424A</p>	<p><b>Law</b> ESEA TITLE IV, PART A</p>
<p><b>Federal Award Identification Number (FAIN)</b> S424A230033</p> <p>THE PROJECT MAY BE PAID FROM OTHER AWARDS WITH DIFFERENT FAINS DEPENDING ON PERIOD OF AVAILABILITY OF FEDERAL FUNDS AND THE APPROVED PROJECT PERIOD.</p>	<p><b>Regulations</b> 2 CFR 200, EDGAR AS APPLIC</p> <p><b>Commissioner's Regulations</b> NA</p>
<p><b>Federal Award Date</b> 07/01/23</p> <p>THIS FEDERAL AWARD IS NOT FOR RESEARCH AND DEVELOPMENT.</p>	<p><b>Maximum Indirect Cost Rate</b> SUB-RECIPIENT HAS AN ANNUAL NEGOTIATED INDIRECT COST RATE W/NYSED (THE PASS THROUGH ENTITY)</p>
<p><b>Federal Awarding Agency</b> US DEPT OF ED.</p>	<p><b>Funding Dates/Period of Performance</b> 09/01/23-08/31/24</p>
<p><b>Approved Budget Total*</b> \$19,785</p> <p>*IF THE SUB-AWARD IS \$30,000 OR MORE, IT IS SUBJECT TO REPORTING REQUIREMENTS UNDER FEDERAL FUNDING AND TRANSPARENCY ACT (FFATA) OF 2006.</p>	<p><b>First Payment</b> \$3,957 <i>rec'd 1/4</i></p> <p><b>Final Report (FS-10-F Long Form) Due</b> 11/29/24</p>
<p><b>SED Fiscal Contact</b> PEG BURCH (518) 474-4815</p>	<p><b>SED Program Contact</b> CATHERINE CLAYTON/ERICA MEAKER 320 EB (518) 473-0295</p>

**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		
<b>Funding Source:</b>	Title IV Student Support and Enrichment	
<b>Report Prepared By:</b>	Lori Langevin	
<b>Agency Name:</b>	Whitehall Central School	
<b>Mailing Address:</b>	PO Box 29	
	Street	
	Whitehall	NY 12887
	City	State Zip Code
<b>Telephone # of Report Preparer:</b>	518-499-0346 ext. 2023	<b>County:</b> Washington
<b>E-mail Address:</b>	<a href="mailto:llangevins@railroaders.net">llangevins@railroaders.net</a>	
<b>Project Funding Dates:</b>	9/1/2023	8/31/2024
	Start	End

INSTRUCTIONS
<ul style="list-style-type: none"> <li>• 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.</li> <li>• The Chief Administrator's Certification on the Budget Summary worksheet must be signed by the agency's Chief Administrative Officer or properly authorized designee.</li> <li>• 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.</li> <li>• For information on budgeting refer to the Fiscal Guidelines for Federal and State Aided Grants at <a href="http://www.oms.nysed.gov/cafe/guidance/">http://www.oms.nysed.gov/cafe/guidance/</a>.</li> </ul>

SALARIES FOR PROFESSIONAL STAFF			
Subtotal - Code 15			\$19,785
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
ES Guidance Counselor	0.34	\$58,161	\$19,785

**BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$19,785
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	
Equipment	20	
Grand Total		\$19,785

Agency Code: **641701060000**

Project #: **0204-24-3540**

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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
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).*

6/28/23. \_\_\_\_\_  
 Date Signature

\_\_\_\_\_  
 Name and Title of Chief Administrative Officer

Finance: Logged \_\_\_\_\_

Approved \_\_\_\_\_

MIR \_\_\_\_\_