



Grants Finance, Room 510W, Education Building, Albany, NY 12234
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 Email: GRANTSWEB@NYSED.GOV

RECEIVED

JAN 16 2024

Grant Award Recipient SUPERINTENDENT WHITEHALL CSD 87 BUCKLEY RD WHITEHALL, NY 12887-3633	Date 01/04/24	DISTRICT CLERK
	Project Number 0006243540	
	Agency Code 641701060000	
Funding Source TITLE V RURAL & LOW INCOME SCHOOLS	DUNS Number 100057793 UEI- MNWFLNF93QM5	
CFDA Index Number 84358B	Law ESSA TITLE V	
Federal Award Identification Number (FAIN) S358B230032 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* \$18,460 *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 \$3,692	<i>rec'd 1/19</i>
	Final Report (FS-10-F Long Form) Due 11/29/24	
SED Fiscal Contact MARIA DOS SANTOS (518) 474-4815	SED Program Contact WILLIAM RAYMER 320 EB (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 V Rural Education Achievement		
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:	7/1/2023 Start	6/30/2024 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			\$18,460
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
ES Guidance Counselor	0.33	\$58,161	\$18,460

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$18,460
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		\$18,460

Agency Code: **641701060000**

Project #: **0006-24-3540**

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).

6/28/23 _____
 Date Signature

_____ *Andrew De-Sperendebart*
 Name and Title of Chief Administrative Officer

Finance: Logged _____

Approved _____

MIR _____