

**Local Agency Information**

Funding Source: Governor's Education Emergency Relief (GEER 2)

Report Prepared By:	Danielle McAfee
Agency Name:	Saranac Central School District
Mailing Address:	PO Box 8
	Street
	Saranac NY 12981
	City State Zip Code

RECEIVED

JUN 25 2021

OFFICE OF ACCOUNTABILITY

Telephone #: 518-565-5612 County: Clinton

E-Mail Address: dmcafee@saranac.org

Project Operation Dates: 3/13/20 9/30/23  
Start End

**INSTRUCTIONS**

- ❖ Submit the original 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 the Grants Finance.
- ❖ Enter whole dollar amounts only.
- ❖ Prior approval by means of an approved budget (FS-10) or budget amendment (FS-10-A) is required for:
  - Personnel positions, number and type
  - Equipment items having a unit value of \$5,000 or more, number and type
  - Minor remodeling
  - Any increase in a budget subtotal (professional salaries, purchased services, travel, etc.) by more than 10 percent or \$1,000, whichever is greater
  - Any increase in the total budget amount.
- ❖ Certification on page 8 must be signed by Chief Administrative Officer or properly authorized designee.
- ❖ High quality computer generated reproductions of this form may be used.
- ❖ For further information on budgeting, please refer to the Fiscal Guidelines for Federal and State Aided Grants which may be accessed at [www.oms.nysed.gov/cafe/](http://www.oms.nysed.gov/cafe/) or call Grants Finance at (518) 474-4815.

**SALARIES FOR PROFESSIONAL STAFF: Code 15**

Include only staff that are employees of the agency. Do not include consultants or per diem staff. Do not include central administrative staff that are considered to be indirect costs, e.g., business office staff. One full-time equivalent (FTE) equals one person working an entire week each week of the project. Express partial FTE's in decimals, e.g., a teacher working one day per week equals .2 FTE.

Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Subtotal - Code 15			

**SALARIES FOR SUPPORT STAFF: Code 16**

Include salaries for teacher aides, secretarial and clerical assistance, and for personnel in pupil transportation and building operation and maintenance. Do not include central administrative staff that are considered to be indirect costs, e.g., account clerks.

Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Subtotal - Code 16			

**PURCHASED SERVICES: Code 40**

Include consultants (indicate per diem rate), rentals, tuition, and other contractual services. Copies of contracts may be requested by the State Education Department. Purchased Services from a BOCES, if other than applicant agency, should be budgeted under Purchased Services with BOCES, Code 49.

Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Mental Health Services	Champlain Valley Family Center		33,843
Subtotal - Code 40			33,843

**SUPPLIES AND MATERIALS: Code 45**

Beginning with the 2005-06 year include computer software, library books and equipment items under \$5,000 per unit.

For earlier years include computer software, library books and equipment items under 1,000 per unit.

Description of Item	Quantity	Unit Cost	Proposed Expenditure
Subtotal - Code 45			



**FS-10 Page 5**  
**INDIRECT COST: Code 90**

A. Modified Direct Cost Base – Sum of all preceding subtotals (codes 15, 16, 40, 45, 46, and 80 and excludes the portion of each subcontract exceeding \$25,000 and any flow through funds)

\$		(A)
	%	(B)
\$		(C)

B. Approved Restricted Indirect Cost Rate

C. (A) x (B) = Total Indirect Cost

Subtotal – Code 90

**PURCHASED SERVICES WITH BOCES: Code 49**

Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
Subtotal – Code 49			

**MINOR REMODELING: Code 30**

Allowable costs include salaries, associated employee benefits, purchased services, and supplies and materials related to alterations to existing sites.

Description of Work To be Performed	Calculation of Cost	Proposed Expenditure
Subtotal – Code 30		

**EQUIPMENT: Code 20**

Beginning with the 2005-06 year all equipment to be purchased in support of this project with a unit cost of \$5,000 or more should be itemized in this category. Equipment items under \$5,000 should be budgeted under Supplies and Materials, Code 45. Repairs of equipment should be budgeted under Purchased Services, Code 40.

For earlier years the threshold for reporting equipment purchases was \$1,000 or more. Equipment items under \$1,000 should be budgeted under Supplies and Materials.

Description of Item	Quantity	Unit Cost	Proposed Expenditure
		Subtotal – Code 20	

CF121  
 ENTRY DATE 08/31/21  
 PROJECT 5896210515  
 SED CODE 091402060000  
 NYC DOC #

GRANTS FINANCE  
 PROJECT STATUS REPORT  
 CRRSA-GEER 2  
 SARANAC CSD

RUN DATE 08/31/21

BUDGET DETAIL INFORMATION

PROF SALARY	15	0.00	BEGIN DATE	03/13/20
NON PROF SALARY	16	0.00	END DATE	09/30/23
PURCH SERVICES	40	33,843.00	AMENDMENT #	
SUPP & MATERIAL	45	0.00	CONTRACT #	
TRAVEL EXPENSE	46	0.00	STOP DATE	
EMP BENEFITS	80	0.00	REFUND CHECK #	
INDIRECT COST	90	0.00	IND COST RATE	1.8
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
589621	33,843.00	6,768.00	27,075.00
589620	0.00	0.00	0.00
589619	0.00	0.00	0.00
	0.00	0.00	0.00
	0.00	0.00	0.00
<b>TOTAL</b>	<b>33,843.00</b>	<b>6,768.00</b>	<b>27,075.00</b>

LOG AND CONTRACT DATES

BUDGET	RECEIVED	ENTERED	CONTRACT	APPROVED
INTERIM	07/29/21	08/19/21		
FINAL				

CASH DETAIL

ENTRY	DOC #	TRANS	ENC	RPT	LINE	AMOUNT	FUNDYR	MIR	PD DT	STAT
083121	546710F	INIT	000	08/21	01	6,768.00	589621	081921		ENT

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

