

The University of the State of New York
THE STATE EDUCATION DEPARTMENT

PROPOSED BUDGET FOR
FEDERAL OR STATE PROGRAM
FS-10 (03/15)

RECEIVED

JUN 24 2021

OFFICE OF ACCOUNTABILITY

☐ = Required Field

Local Agency Information

| | | |
|--|-----------------------------|---------------------------|
| Funding Source: | CRRSA GEER 2 | |
| Report Prepared By: | Anthony Cammarata | |
| Agency Name: | Cambridge CSD | |
| Mailing Address: | 58 South Park St., | |
| | Street | |
| | Cambridge, | NY 12816 |
| | City | State Zip Code |
| Telephone # of Report Preparer: | 518-677-2653 x1016 | County: Washington |
| E-mail Address: | acammarata@cambridgecsd.org | |
| Project Funding Dates: | 3/13/2020 Start | 9/30/2022 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/>.

| PURCHASED SERVICES | | | |
|------------------------|---|---|----------------------|
| Subtotal - Code 40 | | | \$37,298 |
| Description of Item | Provider of Services | Calculation of Cost | Proposed Expenditure |
| Mental Health Services | Northern Rovers, Northeast Parent & Child Society | 207.21 per day \$37,298.00 x 180 days | \$37,298 |
| | Parsons | | |
| | | | |
| | | | |

CF121
ENTRY DATE 08/30/21
PROJECT 5896213535
SED CODE 641610040000
NYC DOC #

GRANTS FINANCE
PROJECT STATUS REPORT
CRRSA-GEER 2
CAMBRIDGE CSD

RUN DATE 08/30/21

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 | 37,298.00 | 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 | 2.5 |
| 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 | 37,298.00 | 7,459.00 | 29,839.00 |
| 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 |
| TOTAL | 37,298.00 | 7,459.00 | 29,839.00 |

LOG AND CONTRACT DATES

| | RECEIVED | ENTERED | CONTRACT | APPROVED |
|---------|----------|----------|----------|----------|
| BUDGET | 08/16/21 | 08/23/21 | | |
| INTERIM | | | | |
| FINAL | | | | |

CASH DETAIL

| ENTRY | DOC # | TRANS | ENC | RPT | LINE | AMOUNT | FUNDYR | MIR | PD | DT | STAT |
|--------|---------|-------|-----|-------|------|----------|--------|--------|----|----|------|
| 083021 | 546517F | INIT | 000 | 08/21 | 01 | 7,459.00 | 589621 | 081621 | | | ENT |

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

The University of the State of New York
THE STATE EDUCATION DEPARTMENT

PROPOSED AMENDMENT FOR A
FEDERAL OR STATE PROJECT
FS-10-A (03/15)

☐ = Required Field

Received

NOV 03 2022

Office of Accountability

Agency Name: CAMBRIDGE CENTRAL SCHOOL
Mailing Address: 58 SOUTH PARK STREET
CAMBRIDGE, NY 12816

WASHINGTON
County

Agency Code: 641610040000

Amendment #: 001

Project Number: 5896-21-3535

Contract #:

Contact Person: APRIL YOUNG

Tel: 518-677-2653 EXT. 1013

E-mail Address: april.young@cambridgecsd.org

INSTRUCTIONS

- Submit the original and two copies directly to the same State Education Department office where budget was mailed. DO NOT submit this form to Grants Finance.
- This form need only be submitted for budget changes that require prior approval as follows:
 - 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.
- Amendment # at top of this page must be completed.
- If extra room is needed for explanations, expand the rows using the row breaks on the left.
- Do not use the FS-10-A for requesting a project extension.

CHIEF ADMINISTRATOR'S CERTIFICATION

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, & accurate, & the expenditures, disbursements, & cash receipts are for the purposes & objectives set forth in the terms & 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).

Date:

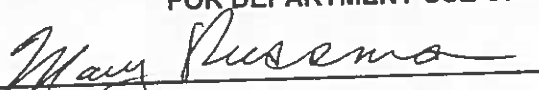
10/28/22

Signature:



FOR DEPARTMENT USE ONLY

Program Approval:



Date:

1/4/23

Finance:

1/6/23^{cl}

1/9/23 mk

RECEIVED

Logged

Approved

| SUBTOTAL | EXPLANATION (Provide same detail as required in FS-10 Budget) | SUBTOTAL INCREASE | SUBTOTAL DECREASE |
|-----------------------------|---|----------------------|----------------------|
| 15 - Professional Salaries | | | |
| 16 - Support Staff Salaries | | | |
| 40 - Purchased Services | Original intent to contract with Northern Rivers fell through leaving whole amount available | | \$29,380 |
| 45 - Supplies & Materials | Purchase five Promethean Boards for classroom use and AIS equipment under \$5000 each for significant learning loss due to covid. | \$29,380 | |
| 46 - Travel Expenses | | | |
| 80 - Employee Benefits | | | |
| 90 - Indirect Cost | | | |
| 49 - Boces Services | | | |
| 30 - Minor Remodeling | | | |
| 20 - Equipment | | | |
| ENTER BUDGET > | Total Increase or Decrease: | (+) \$ 29,380 | (-) \$ 29,380 |
| | Net Increase or Decrease: | \$ 0 | |
| | Previous Budget Total: | \$ 37,298 | |
| | Proposed Amended Total: | \$ 37,298 | |