

New York State Archives

Local Government Records Management Improvement Fund (LGRMIF)

Disaster Recovery Project Application Guidelines



The University of the State of New York
The State Education Department
New York State Archives
Grants Administration Unit
Cultural Education Center, Room 9A81
Albany, NY 12230
518-474-6926
Archgrants@nysed.gov

Revised August 2021

Introduction

Definition of Disaster

For the purposes of disaster recovery projects, a disaster is defined as: *Damage caused by a sudden, unexpected event involving fire, water, man-made or natural phenomena where a **timely response** is necessary to prevent the irretrievable loss of vital or archival records, or to ensure reasonable, timely access to vital records.* The maximum amount for a disaster recovery grant is \$20,000.

Who can apply?

Disaster Recovery grants are available to all local governments in New York State, except New York City municipal agencies. There is no set annual deadline for disaster recovery grants; you may apply whenever a disaster occurs, but disaster recovery grant applications must be submitted within thirty days of the disaster, unless extenuating circumstances preclude this. The disaster grant due date is based on the date of the disaster, which may occur long after our normal application due date. Disaster recovery grant applications are reviewed separately, as they occur.

Contact Your Regional Advisory Officer (RAO)

When you experience a disaster, it is critical that you contact your [State Archives Regional Advisory Officer](#) (RAO) *immediately*. If your RAO is not available, contact the State Archives at recmgmt@nysed.gov or at 518-474-6926. The RAOs and other State Archives staff are trained to offer technical advice on how to mitigate the effects of a disaster on your records. They can also determine whether you are eligible for disaster recovery funding and assist with identifying appropriate grant project activities. If you do apply for funding, the RAO prepares a site visit report, which constitutes a significant portion of your grant application.

You should also be aware that acceptance of other state or federal disaster recovery funds can affect your eligibility for [Federal Emergency Management Agency](#) (FEMA) money. FEMA funds are available only if your county or area has been officially declared a disaster area by the state or federal government. Consequently, it is imperative that you contact the [New York State Office of Emergency Management](#) (OEM), part of the [State Division of Homeland Security and Emergency Services](#) (DHSES), to inquire if your area has been declared a disaster area and if funding for records recovery will be available before applying for LGRMIF disaster grants. You can contact OEM at (518) 292-1198, or the 24-hour State Emergency Coordination Center at (518) 292-2200.

About the LGRMIF

Disaster Recovery grants are provided through the [Local Government Records Management Improvement Fund](#) (LGRMIF), a dedicated fund to improve records management and archival administration in New York's local governments. The LGRMIF is derived from fees that county clerks and the New York City Register collect for the recording of selected documents, including deeds and mortgages, and for the assignment of index numbers for certain court cases. The fund supports a regional program of technical advice and a program of grants, including disaster recovery grants, to local governments to improve the management of their records. The State Archives administers the fund, with advice from the Local Government Records Advisory Council (LGRAC).

Application Instructions

Role of RAO

As soon as you have contained the disaster, contact your [RAO](#) immediately for advice on minimizing its impact on your records. After directly assessing the situation, the RAO will determine whether you are eligible for disaster recovery funding. Disaster recovery grants are available to salvage or mitigate damage only to permanent records or to records that are essential to the resumption of normal business operations. If such records are in immediate danger or already damaged, the RAO will prepare a site visit report that will not only include recommendations for preventing further damage until you receive funding but will also function as your application narrative.

You are strongly encouraged to work closely with your RAO throughout the recovery period, regardless of whether you receive a grant.

Damage to court records

If court records are involved, you should also immediately contact the [Office of Court Administration](#) (OCA) to discuss disposition of those records. You may reach the OCA Records Office at (212) 428-2877.

Parts of the application

You must submit the grant application to the State Archives' Grants Administration Unit within thirty days of the disaster, unless extenuating circumstances preclude this. A complete application consists of:

1. The Application Sheet and Payee Information form.
2. A site visit report, which will be completed by your RAO. Directions for filling out the site visit report are included below under "Instructions for Regional Advisory Officers".
3. Vendor treatment proposal. Before you sign a contract with a vendor, please consult the State Archives records advisory "[Working With Disaster recovery Vendors](#)".
4. Response to "Questions for Disaster Recovery Vendors." This form is only for paper-based documents.
5. A proposed budget (FS-10 and other necessary budget forms), which you should complete in consultation with your RAO. This form must be signed by your CEO, or designee. Disaster grant funds may be used to support the following:
 - *salaries* for project staff, including clerical workers, laborers, and others;
 - *purchased services*, such as freeze drying, fumigating, some conservation, microfilming, storage, transportation (including moving), rental, and others;
 - *costs of data and system recovery*, including consultants' and vendors' fees, associated hardware and software purchases, and others;
 - *supplies*, including acid-free boxes and folders, standard storage cartons (from the NYS Industries for the Disabled, a Preferred Source for these cartons), folders, cleaning materials, plastic milk crates, protective gear, and others;
6. Institutional Authorization Form, signed by both your CEO (or designee) and your Records Management Officer (RMO), preferably in blue ink.

The focus of the disaster recovery effort and application should be on information retrieval. Activities and purchases that merely improve the cosmetic look of the records are not eligible for funding.

Submitting the Application

The following forms must be submitted as hard copy paper forms, with the appropriate signatures:

- Institutional Authorization form
- Payee Information form
- FS-10/Proposed Budget

Mail the above forms to:

New York State Archives

Grants Administration Unit

CEC, Room 9A81

Albany, NY 12230

The following forms can be submitted as either Word documents or PDFs:

- Application Sheet
- Any vendor treatment proposal
- Response to “Questions to Disaster Recovery Vendors”
- RAO site visit report
- Any other documents deemed necessary, such as vendor quotes (be sure the quotes are detailed ones)

These forms can be emailed to archgrants@nysed.gov.

Disaster Recovery Applications and eGrants

Once the Grants Unit receives your complete application, we will create an application in our [eGrants](#) system. The eGrants system is designed to manage grants from application submission to filing final reports. We will send instructions on how to access your eGrants application with your notification, should you receive an award.

The Review Process

The State Archives' Grants Administration Unit (GAU) will forward your grant applications to the disaster grant review team. The team, made up of representatives from the State Archives' Government Records Services and Archival Services units, reviews the applications and makes recommendations.

The disaster recovery grant application, along with the disaster grant review team's recommendations, are then submitted, for final review, to the Local Government Records Advisory Council (LGRAC) Grants Committee and the LGRAC Chair.

Once the review process is completed, the Archives is then required to submit an amendment to our LGRMIF award authorization. Although funds are set aside for Disaster Recovery applications, these applications generally fall outside of the regular LGRMIF cycle and thus require separate authorization to issue a payment. You should be prepared to pay expenses upfront as there could be delays in actual payment from the State.

Upon review and approval of a disaster recovery grant, the GAU will notify the local government by e-mail.

LGRMIF requirements and forms

Once an award is made, you are expected to follow the requirements of the LGRMIF grant program. Although you may submit a disaster recovery grant application at any time, as with other LGRMIF grants you must expend or encumber all funds by June 30 of the grant cycle you are applying in.

You will receive 50% of your grant after you receive a Final Approval Notice of an award from State Education Department's (SED) Grants Finance Unit. To request the release of additional funds you will need to submit form FS-25/Request for Funds for a Federal or State Project to the Grants Finance Unit. The amount of funds requested at any one time may only include actual expenditures to date plus anticipated expenditures for the next month. Form FS-25, and other fiscal forms, are available through the [eGrants system](#).

Mail a signed (preferably in blue ink) FS-25 to: Grants Finance Unit, New York State Education Department, Room 510W EB, Albany, NY 12234. Do not submit the form to the Grants Unit.

If you make significant changes to your proposed budget, you must first contact your RAO to verify that the changes are valid and allowed. Upon approval from the RAO, submit an FS-10-A/Proposed Amendment for a Federal or State Project to the GAU (New York State Archives, Grants Administration Unit, Room 9A81, Cultural Education Center, Albany, NY 12230). This form is also available through the [eGrants system](#). The FS-10-A is due no later than a postmark of June 1.

At the conclusion of the project, you must complete a Final Project Budget and FS-10-F/Final Expenditure form, a Final Narrative Report, a Final Signoff Report, and a Final Statistical Report. All of these forms are accessible through the eGrants system. More information on these forms can be found in the [eGrants Applicant User Manual](#). Final payment of your grant is contingent upon receipt of these final reports by the GAU and Grants Finance.

Local Government Records Management Improvement Fund		DO NOT WRITE IN THIS SPACE	
Disaster Recovery Application Sheet FY:		Log Number	Date Received
Local Government (Name)			
Department/Unit	County	Region	
Project Director			
Title	Phone Number/Ext.	E-mail Address	
Address (Street, City, Zip Code)			
Records Management Officer (RMO)			
			Same person as Project Director <input type="checkbox"/>
Title	Phone Number/Ext.	E-mail Address	
Address (Street, City, Zip Code)			
RMO appointed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Appropriate schedule adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Year RMO appointed:		Year schedule adopted:	
Amount Requested: \$.00			
Project Summary (Describe project, including scope, objectives, and description of records. Please limit your description to no more than 2500 characters.)			

Disaster Recovery Grants

Instructions for Regional Advisory Officers (RAOs)

Site Visit Report

The RAO should travel directly to the disaster site, once it's safe to do so, to provide immediate advice and support. If the RAO determines that a disaster recovery grant is merited, and that the damaged records are vital and/or archival, and thus eligible for a disaster recovery grant, he/she will prepare a site visit report that should address the following:

1. Name of local government.
2. Person who contacted the Regional Advisory Officer.
3. Date of contact by the local government.
4. The exact nature of the disaster including its cause, exact location, time of occurrence, and impact on records.
5. Immediate steps taken by government.
6. Name, volume, format, and retention period of the affected records series.
7. Are any of the above essential to the resumption of normal business operations?
8. Are there backup copies offsite?
9. Do the damaged records pose a health hazard? If so, what kind of health hazard?
10. Immediate recommendations from RAO.

11. Further RAO recommendations based on consultation with the local government, the appropriate State Archives staff, vendors, or other archival consultants.

12. Did the local government follow recommendations?

13. What should the government do to prevent this disaster from happening again?

14. Are there alternate sources of funding to provide for remediation, such as Insurance, contractor liability, or federal sources of funding such as FEMA?

15. For what and why is the government requesting disaster recovery funding? Describe and explain all proposed recovery expenditures.

The site visit report must be included in the application packet.

Disaster Recovery Grants

Questions for Disaster Recovery Vendors (for paper-based documents only)

Note: Before you sign a contract with a vendor, please consult the State Archives records advisory ["Working with Disaster Recovery Vendors"](#). The State Archives also maintains a list of disaster recovery [vendors](#).

1. Are the documents soaking wet, or damp?
2. Do you have the capacity to vacuum freeze dry the documents?
3. What are all of the steps proposed for drying out these wet or damaged documents?
4. Does your process involve applying any proprietary solutions or exposure to a proprietary vapor product? Please describe any proprietary products or methods that are proposed.
5. Is there active mold on these documents?
6. Do you have any reason to recommend sterilization for these documents? Please describe the reason(s).
7. Do you have the capacity to treat these documents either by gamma irradiation or by exposure to ethylene oxide?
8. What are all of the steps proposed for treating these documents with either gamma irradiation or ethylene oxide?
9. What are all of the steps proposed for treating any mold or mold damage on these documents?

10. Please confirm that the documents will be returned to the local government in a condition that allows staff to use them in a conventional manner - for example, without protective garments, masks, or respirators.

LGRMIF Grant Project Institutional Authorization

Sponsoring Institution:

Project Number: 0580 - -

Category: Disaster Recovery

Certification and Approval

The following signatures certify that the local government agrees to the conditions outlined in Appendix A and Appendix A-1 G. **Both** the CAO and RMO must sign the Institutional Authorization form.

I hereby certify that I am either the applicant's Chief Administrative Officer (CAO) or the Records Management Officer (RMO), and that the information contained in the application is, to the best of our knowledge, complete and accurate. I further certify, to the best of my knowledge, that any ensuing program and activity will be conducted in accordance with all applicable state laws and regulations, application guidelines and instructions, and that the requested budget amounts are necessary for the implementation of this project. I understand that the application constitutes an offer and, if accepted by the New York State Education Department or renegotiated to acceptance, will form a binding agreement. I also understand that immediate written notice will be provided to the grants program office if at any time I learn that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

CHIEF ADMINISTRATIVE OFFICER

Signature (*original signature in blue ink*)

Date

Print Name and Title of CAO

RECORDS MANAGEMENT OFFICER (RMO)

Signature (*original signature in blue ink*)

Date

Print Name and Title of RMO

Phone

Instructions

The Authorization Form must be printed, completed, and signed in blue ink. Please mail the completed form to:

New York State Archives
Grants Administration Unit
9A81 Cultural Education Center,
Albany, NY 12230



PAYEE INFORMATION

In order to receive funds from the NYS Education Department, ALL SECTIONS of the **Payee Information/PI Form** AND of the **NYSED Substitute W-9 Form** (required only if your agency does not have/know its NYS Vendor Identification Number) will need to be completed and returned with original signature(s) to the Education Department program office to which your agency's grant application was sent.

Please print or type all information

Section I: Institution Identifying Information

Exact Legal Name of Agency

Contact Person/Name & E-mail Address

Federal Employer Identification Number (FEIN):

-

NYS Vendor Identification Number:***

Federal System for Award Management/SAM – Is your Agency Registered?

(Please note that your agency MUST be registered in SAM (& must maintain a CURRENT registration) in order to be awarded federal funds.)

Yes, then provide the following:

(1) Expiration Date on SAM: _____

(2) Data Universal Numbering System/DUNS Number used to register :

No

***** If you do not know your agency's NYS Vendor Identification Number, follow the specific instructions under Section I(c).**

Section II: Agency Profile

- This agency is a (check one) Non-Profit Organization For Profit Organization
- This agency is a (check one) Sectarian Organization Non-sectarian Organization
- Is this agency chartered or incorporated by the New York State Board of Regents? (Check one) Yes No

Section III: Certification

I hereby certify that the information herewith provided is to the best of my knowledge both accurate and true.

Chief Administrative Agency Official/Authorized Designee (**Please Print**)

Title

Signature - Chief Administrative Agency Official/Authorized Designee

Date

SED USE ONLY: Deputy Area/Program Office

Institution ID:

8	0	0	0	0	0
---	---	---	---	---	---

--	--

--	--	--	--

I have reviewed the payee information contained herein and hereby approve this agency for payment.

Program Manager (**Please Print**)

Deputy Area/Program Office

Signature - Program Manager

Date

SED USE ONLY: Grants Finance

SED Agency Number/BEDS Code (if applicable):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Institution Type:

--	--	--	--	--	--

Institution Subtype:

--	--	--	--	--	--

Interest Eligible:

yes **no**

Reviewer: _____

Date: _____

INSTRUCTIONS FOR COMPLETING NYSED FORMS: PAYEE INFORMATION/PI & SUBSTITUTE W-9

Complete **all sections** of the form(s) in accordance with the instructions provided below.

Section I: Institution Identifying Information:

- a) Provide the following information: exact legal name of the agency, name & e-mail address of the agency contact person.
- b) FEIN – This is your agency's 9 digit federal employer identification number, often referred to as the tax identification number or TIN.
- c) NYS Vendor Identification Number – This is a 10 digit number assigned by the Office of the State Comptroller (OSC) to your agency for the purpose of doing business with the State of New York.
 - If you know your agency's number, provide it on the Payee Information/PI Form.
 - If you do not know your agency's number**, contact the NYS Statewide Financial System (SFS) helpdesk at helpdesk@sfs.ny.gov to obtain it so that it can be provided on the PI Form.
 - ❖ *If SFS notifies you that your agency does not yet have a vendor identification number* – Complete the NYSED Substitute W-9 provided herein according to the instructions on the form. Submit both forms (PI and the NYSED Substitute W-9) as both will be required for payments to your agency.
- d) Federal System for Award Management (SAM) – This is a Web-enabled, government-wide application that collects, validates, stores & disseminates business information about the federal government's trading partners in support of contract awards, grants, & electronic payment processes. It replaced the government-wide registry for organizations doing business with the federal government known as Central Contractor Registration (CCR). To register in SAM, go to <http://www.sam.gov> & click on the "Create an Account" link. Upon registration, your agency will be given an "Expiration Date."
 - Special Note - Failure to register in SAM or to renew your agency's registration ("Expiration Date") may delay the awarding of funds and/or payments through NYSED.**
- e) Data Universal Numbering System/DUNS Number – This is a 9 character number issued by Dun & Bradstreet that identifies your agency. It is used by the federal government to track how federal grant funds are allocated & expended by NY State, the State Education Department, and local agencies. To search for your agency's DUNS number or to register for one, go to Dun & Bradstreet's website: <http://fedgov.dnb.com/webform/displayHomePage.do>.
 - Since it is possible for an agency to have multiple DUNS numbers, **please provide the DUNS number that was used to register your agency in SAM.**

Section II: Agency Profile

- **Question 1** - Self-explanatory.
- **Question 2** – A sectarian organization is defined as one which is affiliated with a particular religious group. A non-sectarian organization has no religious affiliation.
- **Question 3** - "Chartered or incorporated" here means created by the NYS Board of Regents.
- **Question 4** - Self-explanatory.

Section III: Certification - Be sure to complete this section with an original signature.

Important Notes:

Changes to Vendor Information - If any of the information maintained by OSC in its vendor file changes, please contact OSC directly at VendUpdate@osc.state.ny.us.

Electronic Payments - If your agency is not already signed up to receive payments electronically through ACH (Automated Clearing House), please enroll directly with OSC at <http://www.osc.state.ny.us/epay/index.htm>.



**NEW YORK STATE EDUCATION DEPARTMENT
 NYSED SUBSTITUTE FORM W-9:
 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION**

TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.

Part I: Payee/Vendor/Organization Information

AGENCY ID:

1. Legal Business Name:

2. If you use a DBA, please list below:

3. Entity Type (Check one only):

- Sole Proprietor Partnership Limited Liability Co. Business Corporation Unincorporated Association/Business Federal Government
 State Government Public Authority Local Government School District Fire District Other _____

Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type

1. Enter your TIN here: (DO NOT USE DASHES)

--	--	--	--	--	--	--	--	--	--

2. Taxpayer Identification Type (check appropriate box):

- Employer ID No. (EIN) Social Security No. (SSN) Individual Taxpayer ID No. (ITIN) N/A (Non-United States Business Entity)

Part III: Address

1. Physical Address:

2. Remittance Address:

Number, Street, and Apartment or Suite Number

Number, Street, and Apartment or Suite Number

City, State, and Nine Digit Zip Code or Country

City, State, and Nine Digit Zip Code or Country

Part IV: Certification of CEO or Properly Authorized Individual

Under penalties of perjury, I certify that I am the CEO or properly authorized individual and that the number shown on this form is my correct Taxpayer Identification Number (TIN).

Sign Here:

Signature

Date

Print Name

Phone Number

Email Address

Part V: Contact Information – Individual Authorized to Represent the Payee/Vendor/Organization

Contact Person: _____
 (Print Name)

Title: _____

Contact's Email Address: _____ Phone Number: (____) _____

Part VI: Survey of Future Payment Methods

Please indicate all methods of payment acceptable to your organization:

- [] Electronic [] Check [] VISA

**NYS Education Department
Instructions for Completing NYSED Substitute W-9**

The NYS Education Department (NYSED) is using the NYSED Substitute Form W-9 to obtain certification of your TIN in order to facilitate your registration with the SFS centralized vendor file and to ensure accuracy of information contained therein. We ask for the information on the NYSED Substitute Form W-9 to carry out the Internal Revenue laws of the United States.

Any payee/vendor/organization receiving Federal and/or State payments from NYSED must complete the NYSED Substitute Form W-9 if they are not yet registered in the SFS centralized vendor file.

Part I: Payee/Vendor/Organization Information

1. **Legal Business Name:** For individuals, enter the name of the person who will do business with NYS as it appears on the Social Security card or other required Federal tax documents. An organization should enter the name shown on its charter or other legal documents that created the organization. Do not abbreviate names.
2. **DBA (Doing Business As):** Enter your DBA name, if applicable.
3. **Entity Type:** Mark the Entity Type doing business with New York State.

Part II: Taxpayer Identification Number (TIN) and Taxpayer Identification Type

1. **Taxpayer Identification Number:** Enter your nine-digit Social Security Number, Individual Taxpayer Identification Number (ITIN)¹ or Employer Identification Number.
2. **Taxpayer Identification Type:** Mark the type of identification number provided.

Part III: Address

1. **Physical Address:** List the location of where your business is physically located.
2. **Remittance Address:** List the location where payments should be delivered.

Part IV: Certification of CEO or Properly Authorized Individual

Please sign, date and print the authorized individual's name, telephone and email address. An email address will facilitate communication and access to Vendor Self Service.

Part V: Contact Information

Please provide the contact information for an individual who is authorized to make legal and financial decisions for your organization. An email address will facilitate communication and access to Vendor Self Service.

Part VI: Survey of Future Payment Methods

Payment methods are needed for informational purposes. To expedite payments, vendors are strongly encouraged to consider accepting payment via VISA credit card.

¹ An ITIN is a nine-digit number used by the United States Internal Revenue Service for individuals not eligible to obtain a Social Security Number, but are required to file income taxes. To obtain an ITIN, submit a completed W-7 to the IRS. The IRS will notify you in writing within 4 to 6 weeks about your ITIN status. In order to do business with New York State, **you must submit IRS Form W-8** along with our NYSED Substitute Form W-9 showing your ITIN. IRS Form W-8 certifies your foreign status. To obtain IRS Forms W-7 and W-8, call 1-800-829-3676 or visit the IRS website at www.irs.gov.

Local Agency Information

Funding Source: _____

Report Prepared By: _____

Agency Name: _____

Mailing Address: _____

Street		
City	State	Zip Code

Telephone #: _____ County: _____

E-Mail Address: _____

Project Operation Dates: _____ / _____ / _____
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/ 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
Subtotal - Code 40			

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			

TRAVEL EXPENSES: Code 46

Include pupil transportation, conference costs and travel of staff between instructional sites. Specify agency approved mileage rate for travel by personal car or school-owned vehicle.

Position of Traveler	Destination and Purpose	Calculation of Cost	Proposed Expenditures
Subtotal - Code 46			

EMPLOYEE BENEFITS: Code 80

Rates used for project personnel must be the same as those used for other agency personnel.

Benefit		Proposed Expenditure
Social Security		
Retirement	New York State Teachers	
	New York State Employees	
	Other	
Health Insurance		
Worker's Compensation		
Unemployment Insurance		
Other (Identify)		
Subtotal – Code 80		

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		

HELPFUL REMINDERS

- ❖ Check for the required number of copies to be submitted, including the number of original signature copies. The number of copies may vary from program to program. If unsure, contact the State Education Department office responsible for the program for which you are applying.
- ❖ An approved copy of the FS-10 will be returned to the contact person at the address completed on page 1. A window envelope will be used for the return mailing; please make sure that the contact information is accurate, legible, and confined to the address field.
- ❖ Be sure to check your math and carry all subtotals forward to the Summary on Page 8. Simple mathematical errors often require Grants Finance to contact both the local agency and other State Education Department offices, resulting in unnecessary delays in program approval. And remember, use whole dollars only.
- ❖ School districts and BOCES should use the restricted indirect cost rate that has been approved for the school year in which the grant will operate. Most other agencies are subject to a fixed maximum rate depending on the grant program and type of agency. Contact Grants Finance at (518) 474-4815 if you have any questions regarding indirect costs.
- ❖ The modified direct cost used in the calculation of indirect cost must exclude equipment, minor remodeling, the portion of each subcontract exceeding \$25,000 and any flow through funds.
- ❖ Be sure to complete the Agency Code on Page 8 as well as the Project #, if pre-assigned.
- ❖ For Special Legislative projects and Grant Contracts, please enter the Contract #.
- ❖ For ease of data entry at the State Education Department, please make sure that Page 8 faces out.
- ❖ Submit forms to the State Education Department as follows:

Application, FS-10, FS-10-A – Program Office

FS-25, FS-10-F for **Special Legislative Projects** –
Special Legislative Projects Coordinating Team
New York State Education Department
Room 132 Education Building
Albany, New York 12234

FS-25, FS-10-F for other projects –
Grants Finance
New York State Education Department
Room 510W Education Building
Albany, New York 12234

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	
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		

Agency Code:

Project #: (If pre-assigned)

Contract #:

Federal Employer ID #: (New non-municipal agencies only)

Agency Name: _____

FOR DEPARTMENT USE ONLY

Funding Dates: _____ / _____ / _____ From _____ / _____ / _____ To _____

Program Approval: _____ Date: _____

	<u>Fiscal Year</u>	<u>Amount Budgeted</u>	<u>First Payment</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Voucher #
First Payment

Finance:

Log
Approved
MIR

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).

_____/_____/_____
Date

Signature

Name and Title of Chief Administrative Officer