

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

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

= Required Field

Local Agency Information			
Funding Source:	CRRSA ACT ESSER 2		
Report Prepared By:	Kathy Cietek		
Agency Name:	Menands Union Free School		
Mailing Address:	19 Wards Lane		
	Street		
	Menands	NY	12204
	City	State	Zip Code
Telephone # of Report Preparer:	518-465-4561	County: Albany	
E-mail Address:	<a href="mailto:kcietek@menands.org">kcietek@menands.org</a>		
Project Funding Dates:	3/13/2020	9/30/2023	
	Start	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/>.

SALARIES FOR PROFESSIONAL STAFF			
Subtotal - Code 15			\$238,149
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Social Worker Year 1	1.00	\$52,787	\$52,787
Social Worker Year 2	1.00	\$54,270	\$54,270
Instructional Coach Year 1	1.00	\$52,161	\$52,161
Instructional Coach Year 2	1.00	\$53,579	\$53,579
Summer Professional Development 35per hour a maximum of 350 Hours	350 max hours	35 per hour	\$12,250
Summer Hours for School Counselor	20 Days	340 per day	\$6,797
Summer Hours for Social Worker	24 Days	262 per day	\$6,305

PURCHASED SERVICES			
Subtotal - Code 40			\$60,635
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
K-12 Learning Platform	Discovery Education SVC	3,500 Per Year contracted program services	\$3,500
Fly Five social emotional learning materials across K-8 grade levels	Fly Five	48,840 Fee for contracted program services	\$48,840
IXL K-8 Math learning tool	IXL Learning	8,295 Fee for contracted program services	\$8,295

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$235
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Disinfecting wipes	5.00	44 case	\$220
Vinyl Gloves	1.00	15 per box	\$15

Employee Benefits		
Subtotal - Code 80		\$100,042
Benefit		Proposed Expenditure
Social Security		\$16,279
Retirement	New York State Teachers	\$20,855
	New York State Employees	
	Other - Pension	
Health Insurance		\$58,652
Worker's Compensation		\$2,128
Unemployment Insurance		\$2,128
Other(Identify)		

**BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$238,149
Support Staff Salaries	16	
Purchased Services	40	\$60,635
Supplies and Materials	45	\$235
Travel Expenses	46	
Employee Benefits	80	\$100,042
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$399,061

Agency Code: **010615020000**

Project #: **5891-21-0040**

Contract #: \_\_\_\_\_

Agency Name: **Menands Union Free School**

**FOR DEPARTMENT USE ONLY**

Funding Dates: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Program Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**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).*

7/27/21 *Dr. Maureen A. Long*  
 Date Signature

*DR. MAUREEN A. LONG, Superintendent*  
 Name and Title of Chief Administrative Officer

<u>Fiscal Year</u>	<u>First Payment</u>	<u>Line #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Voucher #	First Payment	

= Required Field

Agency Name:	Menands Union Free School District	Albany
Mailing Address:	19 Wards Lane	County
	Menands NY, 12204	

Agency Code:

Amendment #:

Project Number:

Contract #:

Contact Person:

Tel:

E-mail Address:

### 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: 12-19-2022

Signature: Dr. Maurine A. Ly

**FOR DEPARTMENT USE ONLY**

**Program Approval:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Finance:**    
 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	Labor , Project Management remote acces labor /Service cost	\$15,662	
45 - Supplies & Materials	1-S2 Ext 16RM Netbos estreme controller \$3,330.00- 2 S@ Wallmount enclosuresNYS Contract paage 2006- \$2,475 ea. \$4950.00- 7 S@ACMAccess Control application extension blade 2 reader 1 inout NYS contract page 2006 \$831.60ea total \$5,821.20 - 12 HID Reader. s AL600ULX-4CB6 6 panel 6amp ALtronix\$388.32 each total \$776.64 920PMNNEKMA0BV RDR,RP40 multiclass Se, E< STD HF \$369.60 Each toatl \$4,435.20. 1 Panic Button Solution Panic Buttonsin 2 rooms inouts on S2 system \$679	\$19,992	
46 - Travel Expenses			
80 - Employee Benefits	Reduce employee benefits		\$35,654
90 - Indirect Cost			
49 - Boces Services			
30 - Minor Remodeling			
20 - Equipment			
	<b>Total Increase or Decrease:</b>	(+ \$ 35,654	(-) \$ 35,654
	<b>Net Increase or Decrease:</b>	\$	0
<b>ENTER BUDGET &gt;</b>	<b>Previous Budget Total:</b>	\$	399,061
	<b>Proposed Amended Total:</b>	\$	399,061



# Quote 1717

Quote: Door Access upgrade 2.0

Payment Terms:  
Expiration Date: 12/01/2022

## Quote Prepared For

**Jim Haughney**  
**Menands School**  
19 Wards Lane  
Menands, NY 12204  
United States  
Phone:(518) 465-4561

## Quote Prepared By

**Michael Sipperly**  
**eCLIPSE Network Solutions, LLC**  
122 Karner Road  
Albany, NY 12205  
United States  
Phone:518-218-0130  
Fax:888-851-0644  
[mike@eclipsens.com](mailto:mike@eclipsens.com)

Item#	Quantity	Item	Unit Price	Unit Discount	Adjusted Unit Price	Extended Price
<b>One-Time Items</b>						
1)	1	S2-EXT-16-RM NETBOX EXTREME CONTROLLER (16 PORTAL LICENSE, RACK MOUNT	\$3,700.00	\$370.00	\$3,330.00	\$3,330.00
2)	2	S2 wall mount enclosure Wall mount enclosure with (1) S2 ACM blade and 6 available expansion slots. S2-NN-E2R-WM NYS contract Page 2006	\$2,750.00	\$275.00	\$2,475.00	\$4,950.00
3)	7	S2-ACM Access control application extension blade: 2 reader, 1 input, 4 output  NYS Contract Page# 2006	\$924.00	\$92.40	\$831.60	\$5,821.20
4)	12	HID Reader 920PMNNEKMA0BV RDR, RP40, MULTICLASS, SE E, LF STD, HF STD/SIO/SEOS/MA/MIGR, WIEG  HID page line 9167	\$462.00	\$92.40	\$369.60	\$4,435.20
5)	2	AL600ULX-4CB6 6 panel 6amp Altronix  Line 109	\$485.40	\$97.08	\$388.32	\$776.64
6)	1	Panic Button solution panic buttons in 2 rooms inputs on S2 system	\$679.00		\$679.00	\$679.00
7)	1	NYS Project/Program Manager Individual employed by the Contractor or Subcontractor who oversees all onsite Work.	\$1,800.00		\$1,800.00	\$1,800.00

Interest Charges on Past Due Accounts subject to a 1.5% monthly finance charge. Additional training or Professional Services can be provided at our standard rates.

Item#	Quantity	Item	Unit Price	Unit Discount	Adjusted Unit Price	Extended Price
8)	1	NYS Offsite Integration and Maintenance Technician Individual employed by the Contractor or Subcontractor who performs Commissioning, Programming, Integration, Maintenance (both Preventative or Remedial Maintenance) offsite. See also Sec. "Remote Maintenance." This Job Title and corresponding Total Hourly Rate Must not be utilized for any work performed onsite, regardless of the nature of the Work.	\$1,150.00		\$1,150.00	\$1,150.00
9)	1	NYS CCTV/Surveillance Cameras System Physical Access Control System Alarm and Signal System Technici Individual employed by the Contractor or Subcontractor who Starts-Up, Commissions, Programs, Integrates, and Maintains (both Preventative and Remedial Maintenance) Facility Affixed CCTV/Surveillance Cameras, Facility Affixed Physical Access Control Systems, and Alarm and Signal Systems.	\$6,712.32		\$6,712.32	\$6,712.32
10)	1	NYS Installation Labor NYS Contract PT68791 Subcontractor - Locksmith	\$6,000.00		\$6,000.00	\$6,000.00

\*\*\*ESTIMATED\*\*\*

<b>One-Time Total</b>	<b>\$35,654.36</b>
<b>Subtotal</b>	<b>\$35,654.36</b>
<b>Total Taxes</b>	<b>\$0.00</b>
<b>Total</b>	<b>\$35,654.36</b>

X Authorizing Signature *Dr. Maurine C. Long*  
Date 12-19-2022

Interest Charges on Past Due Accounts subject to a 1.5% monthly finance charge. Additional training or Professional Services can be provided at our standard rates.

= Required Field

Agency Name:	Menands Union Free School District	Albany
Mailing Address:	19 Wards Lane	County
	Menands NY 12206	

Agency Code:	<input type="text" value="010615020000"/>	Amendment #:	<input type="text" value="002"/>
Project Number:	<input type="text" value="5891-21-0040"/>		
Contract #:	<input type="text"/>		
Contact Person:	<input type="text" value="Joanne Moran"/>	Tel:	<input type="text" value="518-465-4561"/>
E-mail Address:	<input type="text" value="Jmoran@menands.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: 12-19-2022

Signature: 

**FOR DEPARTMENT USE ONLY**

**Program Approval:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Finance:**  **Logged**

**Approved**

SUBTOTAL	EXPLANATION <small>(Provide same detail as required in FS-10 Budget)</small>	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 - Professional Salaries			
16 - Support Staff Salaries			
40 - Purchased Services	Infrastructure upgrades that support the work that has been done with the increase in security/Camera system. Allows for all the new switches etc. Quote # 009037 attached	\$12,945	
45 - Supplies & Materials			
46 - Travel Expenses			
60 - Employee Benefits	Decrease in employee benefits - Not as high as originally anticipated.		\$12,945
90 - Indirect Cost			
49 - Boeys Services			
30 - Minor Remodeling			
20 - Equipment			
<b>Total Increase or Decrease:</b>		<b>(+) \$ 12,945</b>	<b>(-) \$ 12,945</b>
<b>Net Increase or Decrease:</b>		\$ 0	
<b>ENTER BUDGET &gt;</b>	<b>Previous Budget Total:</b>	\$ 399,061	
	<b>Proposed Amended Total:</b>	\$ 399,061	

Tuesday, July 26, 2022

Menands Union Free School District  
Maureen Long  
19 Wards Lane  
Menands, NY 12204  
mlong@menands.org

Dear Maureen,

Your partners at ComSource are pleased to offer you and Menands Union Free School District the following quote. Please let us know if you have any questions or need for additional information.

In addition, ComSource Financial Services is also available to offer competitive lease rates for the equipment herein if you so desire.

Thank you Maureen. We appreciate and thank you for your business.

Chris Montgomery  
Account Executive  
ComSource, Inc

## Professional Services

Product Details	List Price	Price	Qty	Ext. Price
<b>4/QTCA21D00BD – TechData GSA</b>				
PS-SNY-ENC-II <b>Network Installation Services - Senior Network Consultant II</b>	\$12,945.00	\$12,945.00	1	\$12,945.00
<b>Subtotal:</b>				<b>\$12,945.00</b>

## Menands Union Free School District - Closet Cleanup

Prepared by:  
**ComSource, Inc**  
Chris Montgomery  
518-527-1815  
cmontgomery@comsourceny.com

Prepared for:  
**Menands Union Free School District**  
19 Wards Lane  
Menands, NY 12204  
Maureen Long  
(518) 465-4561  
mlong@menands.org

Quote Information:  
**Quote #: 009037**  
Version: 1  
Delivery Date: 07/26/2022  
Expiration Date: 09/30/2022

### Quote Summary

Description	Amount
Professional Services	\$12,945.00
<b>Total:</b>	<b>\$12,945.00</b>


*ComSource can offer a wide range of Financial, Professional, and Managed Services for your organization.*

Pricing does not include taxes, freight or installation, if applicable, unless otherwise stated. Payment Terms – Net 30. Pricing is valid for 30 days, unless otherwise stated. Invoice payments are accepted via Check, ACH, or Wire Transfer. We do not accept credit card payments. We reserve the right to withdraw or modify this proposal at any time due to tariff or manufacturer related price increases. Sales tax rates are subject to change. Purchases will be taxed at the rate effective at the time of billing. We reserve the right to cancel orders arising from pricing or other errors.

### ComSource, Inc

Signature: \_\_\_\_\_  
Name: Chris Montgomery  
Title: Account Executive  
Date: 07/26/2022

### Menands Union Free School District

Signature:   
Name: Maureen Long  
Date: 12-19-2022