# 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

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Local Agency Information				
Funding Source:	Cares Act, ESSER			
Report Prepared By:	Matthew L Wright			
Agency Name:	Schoharie Central School District			
Mailing Address:	PO Box 430, 136 Academy Drive			
	Street			
	Schoharie	NY State	12157 Zip Code	
	City	State	Zip Code	
Telephone # of Report Preparer: 518-295-	6657	County: Sch	noharie	
E-mail Address: mwright@	@schoharieschools.o	rg		
Project Funding Dates:	3 13 20 Start		9 30 22 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 FO	OR PROFESSIO	ONAL STAFF	
		Subtotal - Code 15	\$158,981
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Nurse, RN for additional screening and support for enhanced arrival and daily procedures	1.00	2 years @ \$50925 per year	\$101,850
Custodial Staff, Additional cleaning support for enhanced cleaning protocols district wide	1.00	1 years @ \$27930 per year, 1 year @ \$29201 per year	\$57,131

PURCHASED SERVICES			
Subtotal - Code 40 \$44,287			
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Chromebooks 11.6" Dell, Touchscreen	CDW	70 @ \$233.00	\$16,310
License Google Management for Chromebooks	CDW	150 @ \$25.13	\$3,770
Chromebooks 11.6" Dell, non Touchscreen	CDW	80 @ \$220.00	\$17,600
Aluratek Webcamera AWC01F	CDW	100 @ \$66.07	\$6,607

	Employee Benefits	
	Subtotal - Code 80	\$5,008
Benefit		Proposed Expenditure
Social Security		
	New York State Teachers	
Retirement	New York State Employees	
	Other - Pension	
Health Insurance		\$5,008
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		
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#### **BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$158,981
Support Staff Salaries	16	
Purchased Services	40	\$44,287
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$5,008
Indirect Cost	90	æ
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$208,276

Agency Code: <b>541201040000</b>	
Project #: 5890-21-2790	
Contract #:	
Agency Name: Schoharie Central School District	

### 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).

Signature Signature

David M. Blanchard, Superintendent

Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLY			
Funding Dates:	From	То	
Program Approval:	Date	:	
Fiscal Year	First Payment	Line #	
Voucher #	Firs	t Payment	

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Finance:	Logged	Approved	MIR
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