

= Required Field

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 12157
	City State Zip Code
Telephone # of Report Preparer:	518-295-6657
County:	Schoharie
E-mail Address:	mwright@schoharieschools.org
Project Funding Dates: _____	
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			\$101,850
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

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$57,131
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
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

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$44,287
Description of Item	Quantity	Unit 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		
Retirement	New York State Teachers	
	New York State Employees	
	Other - Pension	
Health Insurance		\$5,008
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$101,850
Support Staff Salaries	16	\$57,131
Purchased Services	40	
Supplies and Materials	45	\$44,287
Travel Expenses	46	
Employee Benefits	80	\$5,008
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$208,276

Agency Code: **541201040000**

Project #: **5890-21-2790**

Contract #:

Agency Name: **Schoharie Central School District**

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

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

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).

9/18/20 
 Date Signature

David M. Blanchard, Superintendent
 Name and Title of Chief Administrative Officer

Finance: Logged _____

Approved _____

MIR _____