

= Required Field

Local Agency Information	
Funding Source:	Cares Act, GEER
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
<ul style="list-style-type: none"> 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/.

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$35,299
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Chromebooks 11.6" Dell, Non Touchscreen	CDW	144 @ \$220.00	\$31,680
License Google Management for Chromebooks	CDW	144 @ \$25.13	\$3,619

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	\$35,299
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$35,299

Agency Code: **541201040000**

Project #: **5895-21-2790**

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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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).

9/8/20

Date

[Signature]

Signature

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

Finance: Logged _____

Approved _____

MIR _____