

= 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: | 3.13.2020 | 9.30.22 | |
| | Start | End | |

| INSTRUCTIONS |
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| <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/. |

| 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 |
| | | | |

| SUPPLIES AND MATERIALS | | | |
|--|----------|---|----------------------|
| Subtotal - Code 45 | | | \$45,277 |
| 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 |
| Amazon.com, purchase of Samsung chromebooks for Country Classroom 11.6" Samsung Chromebook 4 | Amazon | .74 of total cost 335.75ea x 4 total= \$1342.98 | \$990 |

| Employee Benefits | | |
|------------------------|--------------------------|----------------------|
| Subtotal - Code 80 | | \$1,149 |
| Benefit | | Proposed Expenditure |
| Social Security | | |
| Retirement | New York State Teachers | |
| | New York State Employees | |
| | Other - Pension | |
| Health Insurance | | \$1,149 |
| Worker's Compensation | | |
| Unemployment Insurance | | |
| Other(Identify) | | |
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| EQUIPMENT | | | |
|--|----------|-------------|----------------------|
| Subtotal - Code 20 | | | \$60,000 |
| Description of Item | Quantity | Unit Cost | Proposed Expenditure |
| TENT7AMR-650-D AMR Robotic Scrubber 26" Package | 1.00 | \$60,000.00 | \$60,000 |
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| | | | |

Finance: Logged _____

Approved _____

MIR _____