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					
Fundin	g 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:		3.13.20		9.30.22	
	_	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/.

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	
Gran	d Total	\$35,299

Project #:	5895-21-2790
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).

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Date	Signature

David M. Blanchard, Superintendent

Name and Title of Chief Administrative Officer

FOR DE	PARTMENT USE O	NLY
Funding Dates:	From	То
Program Approval:	Dat	e:
Fiscal Year	First Payment	Line #
Voucher#	Fir	st Payment

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 Finance:
 Logged
 Approved
 MIR