

= 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 Start	9.30.22 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/.

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
Percentage of Chromebooks and subscriptions purchase for Country Classroom (Qualifying district students attending OOD Private School)			\$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)	

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

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$101,850
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	\$45,277
Travel Expenses	46	
Employee Benefits	80	\$1,149
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	\$60,000
Grand Total		\$208,276

Agency Code: **541201040000**

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).

11/17/2020 
 Date Signature

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

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

Fiscal Year **First Payment** **Line #**

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Voucher #

First Payment

Finance: Logged _____

Approved _____

MIR _____