

= Required Field

<b>Local Agency Information</b>			
<b>Funding Source:</b>	ARP: State Reserves 1% Summer Learning and Enrichment		
<b>Report Prepared By:</b>	Matthew L. Wright		
<b>Agency Name:</b>	Schoharie Central School District		
<b>Mailing Address:</b>	PO Box 430, 136 Academy Drive		
	Street		
	Schoharie	NY	12157
	City	State	Zip Code
<b>Telephone # of Report Preparer:</b>	518-295-6657	<b>County:</b> Schoharie	
<b>E-mail Address:</b>	<a href="mailto:mwright@schoharieschools.org">mwright@schoharieschools.org</a>		
<b>Project Funding Dates:</b>	3/13/2020 Start	9/30/2024 End	

<b>INSTRUCTIONS</b>
<ul style="list-style-type: none"> <li>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.</li> <li>The Chief Administrator's Certification on the Budget Summary worksheet must be signed by the agency's Chief Administrative Officer or properly authorized designee.</li> <li>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.</li> <li>For information on budgeting refer to the Fiscal Guidelines for Federal and State Aided Grants at <a href="http://www.oms.nysed.gov/cafe/guidance/">http://www.oms.nysed.gov/cafe/guidance/</a>.</li> </ul>

SALARIES FOR PROFESSIONAL STAFF			
Subtotal - Code 15			\$16,500
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Development of a district wide summer reading program for both remediate and summer enrichment. Begins Summer 2021-22 and contrniues 22-23. District contractual work rate utilized \$40.37	248 hours	\$40	\$10,000
Creation of a summer physical education option as part of the districts summer learning / enrichment programming. Begins in Summer 21-22 and continues for 22-23	161 hours	\$40	\$6,500

PURCHASED SERVICES			
Subtotal - Code 40			\$10,000
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Summer community field trips for exposure to the world outside of the Schoharie Valley (Franklin Institute, Boston / USS Constitution, Syracuse (NYS Fair, Destiny USA), Bronx Zoo / NYC)	TBD, Will document via amendments once COVID allows for group travel		\$10,000

SUPPLIES AND MATERIALS			
			Subtotal - Code 45
			\$108,408
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Supplies and Materials for District Playground redesign. Quote: Jeffrey Associates #J081921-1A NASPO Agreement # 6485 (will be amended at purchase to show specific encumbrances) This will allow for the creation of an afterschool, summer, school year, and community hub for all students regardless of level of ability or need.			\$108,408

**BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$16,500
Support Staff Salaries	16	
Purchased Services	40	\$10,000
Supplies and Materials	45	\$108,408
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
<b>Grand Total</b>		<b>\$134,908</b>

Agency Code: **541201040000**

Project #: **5882-21-2790**

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).*

12/16/21   
Date Signature

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

**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

**Finance:** Logged \_\_\_\_\_

Approved \_\_\_\_\_

MIR \_\_\_\_\_