

Report Prepared By: Donald Brown

Agency Name: Charlotte Valley CSD

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Street

Davenport

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City

State

Zip Code

Telephone # of
Report Preparer: 607-588-6291 Ext: 2196

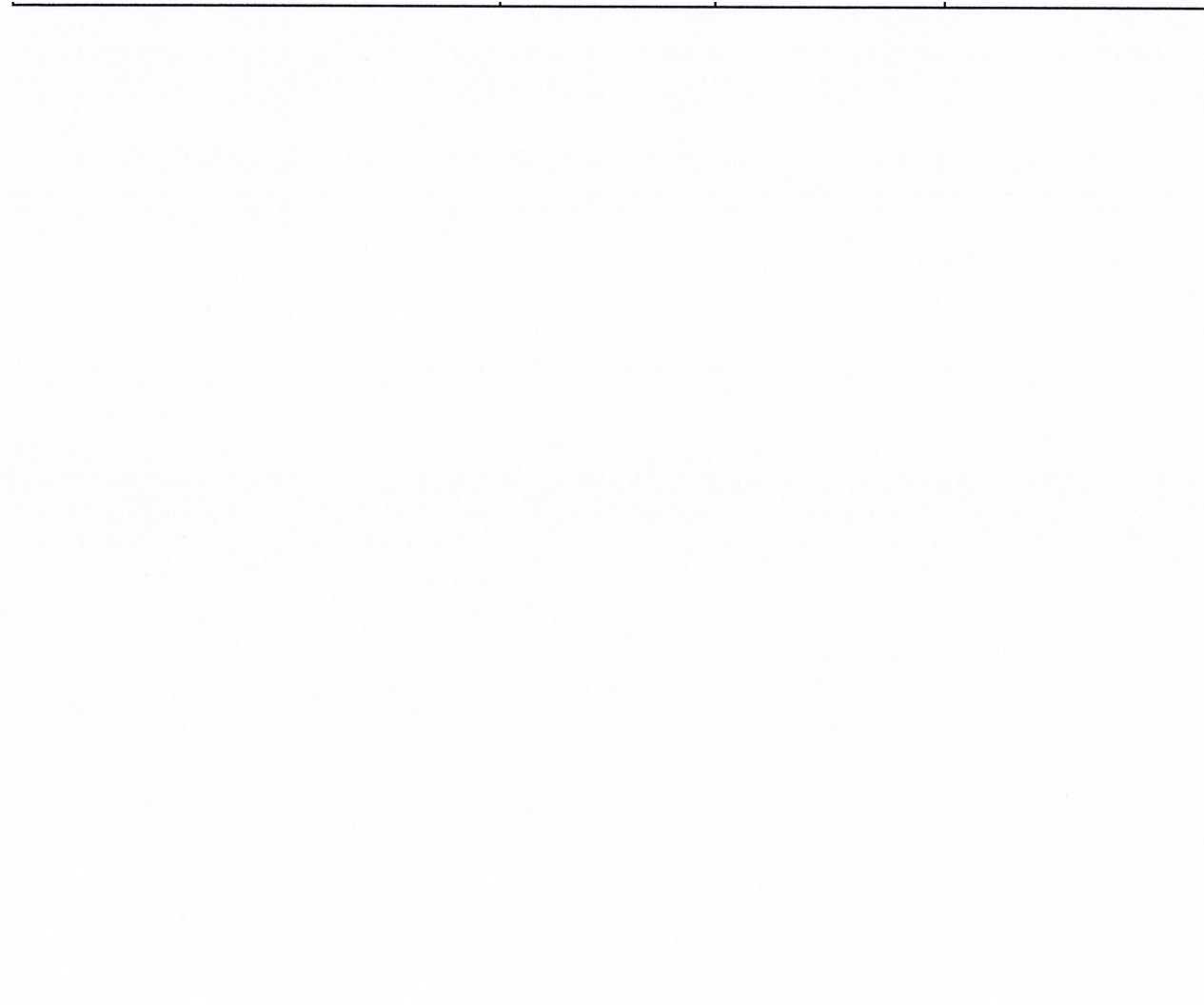
County: Delaware

E-mail Address: dbrown@oncboces.org

Project Funding Dates: 3/13/2020 9/30/2024
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



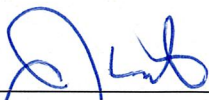
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Travel Expenses	46	
Employee Benefits	80	\$20,143
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$496,996

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).

2/15/72



Contract #:

Agency Name:

Charlotte Valley CSD

FOR DEPARTMENT USE ONLY

Funding Dates:

From

To

Program Approval:

Date:

Fiscal Year

First Payment

Line #

