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 Ager	ncy Information	<u> </u>	
Funding Source:	ARP-ESSER 1%-S	ummer Learning/E	inrichmen	
Report Prepared By:	Donald Brown			
Agency Name:	Charlotte Valley CS	D		
Mailing Address:	15611 Sate Highwa	15611 Sate Highway 23, PO Box 202		
		Street		
	Davenport City	NY State	13750 Zip Code	
Telephone # of Report Preparer: 607-588-6		County: Delay		
E-mail Address: dbrown@g	oncboces.org			
Project Funding Dates:				
	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/.

SALARIES F	OR PROFESS	SIONAL STAFF	
		Subtotal - Code 15	\$50,002
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Teachers-STEM Boot Camp(Stipend)		\$8,334	\$50,002
	2.20		
	(100		
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SALARI	ES FOR SUPPO	ORT STAFF	
		Subtotal - Code 16	null
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
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			×.
		-	

PURCHASED SERVICES			
		Subtotal - Code 40	null
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
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		* *	

SUPPL	IES AND MA	A A STATE OF THE S	
		Subtotal - Code 45	nul
Description of Item	Quantity	Unit Cost	Proposed Expenditure
		100	
	-		
		-	
		2	

TRAVEL EXPENSES			
	Subtotal - Code 46	nul	
Destination and Purpose	Calculation of Cost	Proposed Expenditures	
		100	
		10 PA W 11	
		Subtotal - Code 46 Calculation of	

	Employee Benefits	
	Subtotal - Code 80	nul
	Benefit	Proposed Expenditure
Social Security		
	New York State Teachers	
Retirement	New York State Employees	
	Other - Pension	
Health Insurance		
Worker's Compensation		
Unemployment Insurance		100000
Other(Identify)		
		10.10.10.10
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dis. No. 1 to 10 persons		The state of the s

	INDIRECT COST	
A.	Modified Direct Cost Base Sum of all preceding subtotals(codes 15, 16, 40, 45, 46, and 80 and excludes the portion of each subcontract exceeding \$25,000 and any flow through funds) **Manual Entry	
B.	Approved Restricted Indirect Cost Rate	***************************************
C.	Subtotal - Code 90	null

For your information, maximum direct cost base =

\$50,002.00

To calculate Modified Direct Cost Base, reduce maximum direct cost base by the portion of each subcontract exceeding \$25,000 and any flow through funds.

PUR	RCHASED SERVICES W	/ITH BOCES	
		Subtotal - Code 49	nuli
Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
			V
1			
	7.17		

MINOR REMODELING		
	Subtotal - Code 30	null
Description of Work to be Performed	Calculation of Cost	Proposed Expenditure

	EQUIPMENT		
		Subtotal - Code 20	\$50,000
Description of Item	Quantity	Unit Cost	Proposed Expenditure
STEM Program Equipment			\$50,000
	3 - 113		

BUDGET SUMMARY

Agency Code:

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$50,002
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	\$50,000
Grand	d Total	\$100,002

Project #:	5882-21-0590
Contract #:	
gency Name:	Charlotte Valley CSD

120401040000

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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FOR DE	PARTMENT USE ON	LY
Funding Dates:	From	То
Program Approval:	Date:	
<u>Fiscal Year</u>	First Payment	Line #
		-
Voucher#	— First I	Pavment

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 Finance:
 Logged ______
 Approved ______
 MIR ______