

☐ = Required Field

Local Agency Information

Funding Source:	ARP-ESSER 1%-Summer Learning/Enrichment		
Report Prepared By:	Donald Brown		
Agency Name:	Charlotte Valley CSD		
Mailing Address:	15611 Sate Highway 23, PO Box 202		
	Street		
	Davenport	NY	13750
	City	State	Zip Code
Telephone # of Report Preparer:	607-588-6291 Ext: 2196		County: Delaware
E-mail Address:	dbrown@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/>.

	Subtotal - Code 15
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	\$50,002
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[illegible]

SALARIES FOR SUPPORT STAFF

Subtotal - Code 16

	null
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[illegible]

[illegible]

	Subtotal - Code 40
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	null
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[illegible]

SUPPLIES AND MATERIALS

Subtotal - Code 45	
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null

[illegible]

[illegible]

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.

Subtotal - Code 49

	null
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[illegible]

Subtotal - Code 30	
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	null
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Description of Work to be Performed	Estimated Hours	Actual Hours	Actual Cost	Actual Date

Calculation of Cost

Proposed Expenditure

[illegible]

BUDGET SUMMARY

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 Total		\$100,002

Agency Code: **120401040000**Project #: **5882-21-0590**

Contract #:

Agency Name: **Charlotte Valley CSD****FOR DEPARTMENT USE ONLY**

Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

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

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Voucher #

First Payment

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).

2/15/22

Date



Signature

Name and Title of Chief Administrative Officer

Finance: Logged _____

Approved _____

MIR _____