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 Agency Information

Funding Source:	ARP ESSR 5%-Learning Loss
Report Prepared By:	Donald Brown
Agency Name:	Charlotte Valley CSD
Mailing Address:	15611 State Highway 23, PO Box 202 (Street)
	Davenport (City) NY (State) 13750 (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 (Start) — 9/30/2024 (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 FOR PROFESSIONAL STAFF			
		Subtotal - Code 15	$476,853
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Phychologist	1.00	$62,818	$188,452
Summer School Teachers	3.00	$10,500	$92,632
Counselor	1.00	$65,257	$195,769

SALARIES FOR SUPPORT STAFF			
		Subtotal - Code 16	null
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary

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

SUPPLIES AND MATERIALS			
		Subtotal - Code 45	null
Description of Item	Quantity	Unit Cost	Proposed Expenditure

TRAVEL EXPENSES			
		Subtotal - Code 46	null
Position of Traveler	Destination and Purpose	Calculation of Cost	Proposed Expenditures

Employee Benefits		
	Subtotal - Code 80	$20,143
Benefit		**Proposed Expenditure**
Social Security		$20,143
Retirement	New York State Teachers	
	New York State Employees	
	Other - Pension	
Health Insurance		
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

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 = $496,996.00

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.

PURCHASED SERVICES WITH BOCES			
		Subtotal - Code 49	null
Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure

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

EQUIPMENT			
		Subtotal - Code 20	null
Description of Item	Quantity	Unit Cost	Proposed Expenditure

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	$476,853
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	$20,143
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		$496,996

Agency Code: **120401040000**

Project #: **5884-21-0590**

Contract #:

Agency Name: Charlote Valley CSD

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

FOR DEPARTMENT USE ONLY

Funding Dates: From To

Program Approval: Date:

Fiscal Year	First Payment	Line #

Voucher #

First Payment

Finance: Logged _____ Approved _____ MIR _____