The University of the State of New York THE STATE EDUCATION DEPARTMENT

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PROPOSED BUDGET FOR A FEDERAL OR STATE PROJECT FS-10 (03/15)

End

= Required Field Local Agency Information ELEMENTARY AND SECONDARY SCHOOL Funding Source: EMERGENCY RELIEF FUND Report Prepared By: LORI PRINZ Agency Name: BYRON BERGEN GENTRAL SCHOOL DISTRICT Mailing Address: 6917 WEST BERGEN ROAD. Street BERGEN State Telephone # of Report Preparer: E-mail Address: Iprinz@beschools.org **Project Funding Dates:**

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.

Start

- 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/.

Page 2 of 8

SALARIES FOR PROFESSIONAL STAFF			
		Subtotal - Code 15	\$130,750
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project/Salary
Teacher	1.00	\$46,750	\$46,750
Teacher	1.00	\$43,000	\$43,000
Teacher	1.00	\$41,000	\$41,000

SALARIES FOR SUPPORT STAFF			
	Subtotal - Code 16		
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project-Salary
Teacher Aide	1.00		\$14,788

PURCHASED SERVICES			
	Subtotal - Code 40		\$455
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Mental health counseling for Notre Dame	GCASA, Batavia NY	1 Student	\$455

Page 5 of 8

SUPPLIES AND MATERIALS			
	Subtotal - Code 45		
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Purchase of masks, gowns, gloves, face shield, COVID cleaning chemicals, bottles, cloths and barriers needed for St Joes	1 Student	\$454.73	\$455
Purchase of masks, gowns, gloves, face shield, COVID cleaning chemicals, bottles, cloths and barriers needed for Norman Howard	2 Students	\$454.73	\$909
Purchase of instructional materials, classroom supplies, gowns, gloves, masks, face shield, COVID cleaning chemicals, bottles, cloths and barriers needed for Mary Cariola	1 Student	\$454.73	\$455

	Subtotal - Code 80	\$32,715
	Benefit	Proposed Expenditure
Social Security		and the second of the second
	New York State Teachers	
Retirement	New York State Employees	
	Other - Pension	
Health Insurance		\$32,715
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
ofessional Salaries	15	\$130,750
Support Staff Salaries	16	\$14,788
Purchased Services	40	\$455
Supplies and Materials	45	\$1,819
Travel Expenses	46	
Employee Benefits	80	\$32,715
Indirect Cost	90	10.500,000,000
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$180,527

Agency Code:	180701040000	
Project #:	5890-21-1005	
Contract #:		
Agency Name:	BYRÖN BERGEN CENTRAL SCHOOL	

	Jaief Administrator's Certification
- Carrie	By signing this report, I certify to the best of my
The same	knowledge and belief that the report is true, complete,
	and accurate, and the expenditures, disbursements,
į	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
i	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
ı	31, Sections 3729-3730 and 3801-3812).
	(12.2)
ĺ	1 123 1 21 My Hy E Lunds Date Signature
	Date S ighature

Name and Title of Chief Administrative Officer

FOR DE	FOR DEPARTMENT USE ONLY		
Funding Dates:	From	To	
Program Approval:	Date	,	
Fiscal Year	First Payment	<u>Line #</u>	
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Page 8 of 8

 Finance:
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 Approved ______
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