

= Required Field

Local Agency Information			
Funding Source:	CORONAVIRUS RESPONSE & RELIEF SUPPLEMENTAL APPROP - ESSER 2		
Report Prepared By:	PATRICK MCGEE		
Agency Name:	BYRON BERGEN CENTRAL SCHOOL DISTRICT		
Mailing Address:	6917 WEST BERGEN ROAD		
	Street		
	BERGEN	NY	14416
	City	State	Zip Code
Telephone # of Report Preparer:	(585) 494 - 1220	County:	GENESEE
E-mail Address:	pmcgee@bbschools.org		
Project Funding Dates:	3/13/2020	9/30/2023	
	Start	End	

INSTRUCTIONS
<ul style="list-style-type: none"> ● 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			\$522,364
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
SPECIAL EDUCATION TEACHER	1.00	\$40,000	\$40,000
SPEC ED/READING TEACHER	1.00	\$62,700	\$62,700
TEACHER - ELL	1.00	\$38,000	\$38,000
ELEMENTARY TEACHER	1.00	\$38,000	\$38,000
ELEMENTARY TEACHER	1.00	\$92,731	\$92,731
ELEMENTARY TEACHER	1.00	\$55,350	\$55,350
SECONDARY ENGLISH TEACHER	1.00	\$56,850	\$56,850
PSYCHOLOGIST	1.00	\$49,950	\$49,950
ELEMENTARY TEACHER	1.00	\$88,783	\$88,783

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$28,297
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
TECHNOLOGY SUPPORT	1.00	\$28,297.00	\$28,297

PURCHASED SERVICES			
Subtotal - Code 40			\$10,151
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
PUBLIC SCHOOLS INSTALLATION OF UNIT CONTROLLERS FOR AIR HANDLER UNITS TO REGULATE FRESH AIR INTO CLASSROOMS PER CDC GUIDELINES	JOHNSON CONTROLS	64 hrs x \$158.61	\$10,151

SUPPLIES AND MATERIALS			
			Subtotal - Code 45
			\$45,821
Description of Item	Quantity	Unit Cost	Proposed Expenditure
PUBLIC SCHOOLS STUDENT DESK BARRIERS	120.00	\$79.00	\$9,480
PUBLIC SCHOOLS MASKS	7500.00	\$0.75	\$5,625
PUBLIC SCHOOLS EPA AND CDC CERTIFIED HAND SANITIZER, PUMP BOTTLE, 2 PER CLASSROOM AND OFFICES	50 CASES	\$102.36	\$5,118
PUBLIC SCHOOLS EPA AND CDC CERTIFIED CLEANING CLOTHS TO BE USED WITH DISINFECTANTS AND SANITIZERS	1000.00	\$0.80	\$800
PUBLIC SCHOOLS UNIT CONTROLLERS FOR AIR HANDLER UNITS TO REGULATE FRESH AIR IN CLASSROOMS PER CDC GUIDELINES	59.00	Costs varies from \$538 per unit to \$63.50	\$24,798

Employee Benefits		
Subtotal - Code 80		\$113,220
Benefit		Proposed Expenditure
Social Security		\$42,126
Retirement	New York State Teachers	
	New York State Employees	
	Other - Pension	
Health Insurance		\$71,094
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$522,364
Support Staff Salaries	16	\$28,297
Purchased Services	40	\$10,151
Supplies and Materials	45	\$45,821
Travel Expenses	46	
Employee Benefits	80	\$113,220
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$719,853

Agency Code: **180701040000**

Project #: **5891-21-XXXX**

Contract #: _____

Agency Name: **BYRON BERGEN CENTRAL SCHOOL DISTRICT**

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

<u>Fiscal Year</u>	<u>First Payment</u>	<u>Line #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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).

9/27/2021 _____
Date Signature

Patrick Mcbee Superintendent
Name and Title of Chief Administrative Officer

Finance: Logged _____

Approved _____

MIR _____