

= Required Field

Local Agency Information

Funding Source:	CORONAVIRUS RESPONSE & RELIEF SUPPLEMENTAL APPROP - GEER 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:	GENESEEE
E-mail Address:	pmcgee@bbschools.org		

Project Funding Dates: 3/13/2020 9/30/2023
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 FOR SUPPORT STAFF			
Subtotal - Code 16			\$15,844
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
TEACHER AIDE	1.00	\$15,844.00	\$15,844

Employee Benefits		
Subtotal - Code 80		\$10,682
Benefit		Proposed Expenditure
Social Security		\$1,212
Retirement	New York State Teachers	
	New York State Employees	\$1,695
	Other - Pension	
Health Insurance		\$7,775
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	16	\$15,844
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$10,682
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$26,526

Agency Code:	180701040000
Project #:	5896-21-XXXX
Contract #:	
Agency Name:	BYRON BERGEN CENTRAL SCHOOL DISTRICT

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

Derrick McBee Superintendent
Name and Title of Chief Administrative Officer

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