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

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

	Local Agend	y Informati	on	
Funding Source:	ARP ESSER 1% -Comprehensive After School			
Report Prepared By:	Patti Loker	Patti Loker		
Agency Name:	Otego-Unadilla Cent	Otego-Unadilla Central School District		
Mailing Address:	2641 State Highway 7			
	Street			
	Otego	NY	13825	
[City	State	Zip Code	
Telephone # of Report Preparer: 607-988-5022 County: Otsego				
E-mail Address: ploker@unatego.stier.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 I	OR PROFESS	SIONAL STAFF	
		Subtotal - Code 15	\$23,854
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Teachers providing academic assistance after school	200 hours	\$38.22/hr	\$7,644
Teachers providing academic assistance after school	200 hours	\$39.75/hr	\$7,950
Teachers providing academic assistance after school	200 hours	\$41.34/hr	\$8,260

SALA	ARIES FOR SUPPO	ORT STAFF	
		Subtotal - Code 16	\$7,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
After School Aides - 3 years	500 hours	\$14.00/hour	\$7,000

	PURCHASED SERV	ICES	
		Subtotal - Code 40	\$114,000
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
After School enrichment and academic assistance - 3 years	YMCA	\$38,000/yr	\$114,000
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SUPP	LIES AND MATE	ERIALS	Upper Report to
		Subtotal - Code 45	\$982
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Supplies for after school enrichment activities - per building	3.00	\$327.00	\$982

	Employee Benefits	
	Subtotal - Code 80	\$5,779
Benefit Social Security		Proposed Expenditure \$2,360
Retirement	New York State Employees	\$1,134
,	Other - Pension	
Health Insurance		
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		
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BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$23,854
Support Staff Salaries	16	\$7,000
Purchased Services	40	\$114,000
Supplies and Materials	45	\$982
Travel Expenses	46	
Employee Benefits	80	\$5,779
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Gran	d Total	\$151,615

Agency Code:	471601040000
Project #:	5883-21-2415
Contract #:	· ·
Agency Name:	Otego-Unadilla 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).

Date Signature

David S. Richards, Superintendent
Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLY		
Funding Dates:	From	То
Program Approval:	D	ate:
Fiscal Year	First Payment	<u>Line #</u>
		- 1
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: :		
Voucher#	F	irst Payment

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 Finance:
 Logged ______
 Approved ______
 MIR ______