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**Local Agency Information**

**Funding Source:** ESSER

**Report Prepared By:** Patricia Loker

**Agency Name:** Unatego 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](mailto:ploker@unatego.stier.org)

**Project Funding Dates:** 3/13/2020 9/30/2022  
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 PROFESSIONAL STAFF			
Subtotal - Code 15			<b>\$156,279</b>
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Licensed Teaching Assistant	1.00	\$23,871	\$23,871
Licensed Teaching Assistant	0.56	\$22,042	\$12,284
Licensed Teaching Assistant	1.00	\$30,031	\$30,031
Licensed Teaching Assistant	1.00	\$30,031	\$30,031
Licensed Teaching Assistant	1.00	\$30,031	\$30,031
Licensed Teaching Assistant	1.00	\$30,031	\$30,031

SUPPLIES AND MATERIALS			
Subtotal - Code 45			<b>\$2,713</b>
Description of Item	Quantity	Unit Cost	Proposed Expenditure
13 inch MacBook Pro	1.00	\$1,379.00	\$1,379
Apple Pencil	2.00	\$89.00	\$178
13 inch MacBook Air	2.00	\$1,379.00	\$1,156

Employee Benefits	
Subtotal - Code 80	
<b>\$25,458</b>	
Benefit	Proposed Expenditure
Social Security	
<b>Retirement</b>	New York State Teachers
	New York State Employees
	Other - Pension
Health Insurance	<b>\$25,458</b>
Worker's Compensation	
Unemployment Insurance	
Other(Identify)	

**BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$156,279
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	\$2,713
Travel Expenses	46	
Employee Benefits	80	\$25,458
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$184,450

Agency Code: **471601040000**

Project #: **5890-21-XXXX**

Contract #: \_\_\_\_\_

Agency Name: **Unatego 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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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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).*

11/18/2020 \_\_\_\_\_  
Date Signature

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

Finance: Logged \_\_\_\_\_

Approved \_\_\_\_\_

MIR \_\_\_\_\_