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

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

	= Required	Field
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Local Agency Information					
Funding Source	GEER II				
Report Prepared By:	DANIEL BOWER				
Agency Name	TUPPER LAKE CENTRAL SCHOOL DISTRICT				
Mailing Address:					
	Street				
	TUPPER LAKE	NY		12986	
	City	State	Z	Zip Code	
Telephone # of S18-359	-7862	County:	FRANKLIN		
E-mail Address: <u>danielb@</u>	Otupperlakecsd.net				
Project Funding Dates:	3/13/2020 Start			0/2023 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			\$36,506
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Social Worker - Elementary	0.70	\$52,151	\$36,506

### **BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$36,506
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$36,506

Agency Code: 160101060000	
Project #: 5896-21-0915	
Contract #:	
Agency Name: TUPPER LAKE 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).

7 /12/21 Signature

Russell Bartlett, Superintendent of Schools
Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLY			
Funding Dates:	From	То	
Program Approval: _	[	Date:	
<u>Fiscal Year</u>	First Payment	<u>Line #</u>	
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7	-		
Voucher #	<del></del>	First Payment	