

= Required Field

Local Agency Information			
<b>Funding Source:</b>	Elementary and Secondary School Emergency R		
<b>Report Prepared By:</b>	Tabatha Biggane		
<b>Agency Name:</b>	Fonda Fultonville Central School District		
<b>Mailing Address:</b>	112 Old Johnstown Rd		
	Street		
	Fonda	NY	12068
	City	State	Zip Code
<b>Telephone # of Report Preparer:</b>	518-853-4415	<b>County:</b> Montgomery	
<b>E-mail Address:</b>	tbiggane@ffcsd.org		
<b>Project Funding Dates:</b>	3/13/2020 Start	9/30/2022 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			\$193,808
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Speech Teacher	100.00	\$4,423	\$4,423
School Counselor	0.50	\$75,669	\$37,834
School Counselor	0.50	\$66,389	\$33,194
School Counselor	0.50	\$57,247	\$28,623
School Counselor	0.50	\$52,625	\$26,312
ELL Teacher	0.50	\$63,519	\$31,759
Special Education Teacher	0.50	\$63,327	\$31,663

**SALARIES FOR SUPPORT STAFF**

Subtotal - Code 16			<b>\$52,271</b>
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Director of Information Technology	0.50	\$79,568.00	\$39,784
IT Support	0.42	\$29,122.79	\$12,487

**PURCHASED SERVICES**

Subtotal - Code 40			<b>\$858</b>
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Get More Math	Get More Math	\$300.00	\$300
Maneuvering the Middle Math	Maneuvering the Middle	\$558.00	\$558

Subtotal - Code 45			\$39,671
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Flexwipes	20 Cases	\$26.81	\$536
Wypall L30	20 Cases	\$41.43	\$829
Magic Eraser	20 Cases	\$30.03	\$601
30/30 Dual 9 20x24x2 Filter	240.00	\$11.13	\$2,671
Dual 9 20x20x2 Filter	120.00	\$9.49	\$1,139
Germisept Multi Purpose 75% Alcohol Wipes	25.00	\$160.00	\$3,999
Lexan Sheets (Desk partiions)	28.00	\$159.00	\$5,258
Hand Sanitizer	82.00	\$71.45	\$5,859
Personal Protective Masks	24645.00	\$0.40	\$9,858
Touchless Thermometers	12.00	\$88.61	\$1,053
Paper Towels	200.00	\$28.48	\$5,696
Charleton - Chromebooks	1.00	\$1,086.00	\$1,086
Wildwood- Chromebooks	1.00	\$1,086.00	\$1,086

**EQUIPMENT**

Subtotal - Code 20			<b>\$3,947</b>
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Disinfecting Sprayer	1.00	\$329.99	\$330
Touchless Faucets	2.00	\$363.54	\$727
Classroom Tables	10.00	\$155.00	\$1,550
Touchless Papertowel Dispensers	20.00	\$67.00	\$1,340

## BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$193,808
Support Staff Salaries	16	\$52,271
Purchased Services	40	\$858
Supplies and Materials	45	\$39,671
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	\$3,947
<b>Grand Total</b>		<b>\$290,555</b>

Agency Code:	270601040000
Project #:	5890-21-xxxx
Contract #:	518-853-4415
Agency Name:	Fonda Fultonville CSD

### FOR DEPARTMENT USE ONLY

Funding Dates: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Program Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Fiscal Year	First Payment	Line #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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).*

4/17/21   
 Date Signature

  
 Name and Title of Chief Administrative Officer