

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

Local Agency Information			
Funding Source:	ESSER 2		
Report Prepared By:	Tabatha Biggane		
Agency Name:	Fonda Fultonville Central School District		
Mailing Address:	112 Old Johnstown Rd		
	Street		
	Fonda	NY	12068
	City	State	Zip Code
Telephone # of Report Preparer:	518-853-4415	County: Montgomery	
E-mail Address:	tbiggane@ffcsd.org		
Project Funding Dates:	3/13/2020 Start	30-Sep-23 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			\$226,800
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Part time Cleaner <i>GRAGORY</i>	0.50	\$60,000.00	\$30,000
Part time Cleaner	0.50	\$60,000.00	\$30,000
Aides	0.30	\$60,000.00	\$18,000
Aides <i>Lunch Aids</i>	1.00	\$60,000.00	\$60,000
Aides	0.30	\$60,000.00	\$18,000
Substitute Cleaners	1.00	\$30,000.00	\$30,000
Summer Cleaners	0.50	\$30,000.00	\$15,000
Summer Cleaners <i>Tech Asst</i>	0.50	\$30,000.00	\$15,000
Summer Cook	1.00	\$9,000.00	\$9,000
Summer Assistant Cook	1.00	\$1,800.00	\$1,800

*Substitute
Part time Cleaner
GRAGORY PERRON - 3645.01*

*Part Summer cleaner
Riley CARY - 2428.13*

Ethan Clark - 1921.89

*Kaleb Sluti - 3060.75
A 2110140010000*

Aidan Snow - 2921.88

Logan Yaggie - 2128.13

*Summer Tech
Asst*

PURCHASED SERVICES			
Subtotal - Code 40			\$15,000
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Professional Development	Subject Matter Experts	\$5,000.00	\$15,000

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$314,858
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Hand Sanitizer	270.00	\$72.00	\$19,440
Disinfectant	108.00	\$222.22	\$24,000
Personal Protective Masks	30000.00	\$0.40	\$12,000
Paper Towels	600.00	\$30.00	\$18,000
Disinfectant wipes	135.00	\$30.00	\$4,050
Magic Erasers	60.00	\$30.00	\$1,800
Filters	360.00	\$10.00	\$3,600
Touchless Faucets	10.00	\$363.54	\$3,635
Protective Gloves	123.00	\$22.00	\$2,707
Classroom Desks	300.00	\$370.00	\$111,000
Chroal Risers	6.00	\$1,000.00	\$6,000
Interactive Display Panels	27.00	\$4,000.00	\$108,000
Teacher Supplies	1.00	\$626.00	\$626

PURCHASED SERVICES WITH BOCES			
Subtotal - Code 49			\$7,200
Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
Parent Square	HFM	\$7,912 per year for 3yrs before BOCES Aid	\$7,200

EQUIPMENT			
Subtotal - Code 20			\$510,000
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Ventilation Units for classrooms	30.00	\$17,000.00	\$510,000

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	16	\$226,800
Purchased Services	40	\$15,000
Supplies and Materials	45	\$314,858
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	\$7,200
Minor Remodeling	30	
Equipment	20	\$510,000
Grand Total		\$1,073,858

Agency Code: **270601040000**

Project #: **5891-21-xxxx**

Contract #: _____

Agency Name: **Fonda Fultonville 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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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).

7/27/21 

Date Signature

Thomas Ciaccio, Superintendent

Name and Title of Chief Administrative Officer