

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:	GEER 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
<ul style="list-style-type: none"> ● 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			\$11,160
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
School Psychologist	0.186	\$60,000	\$11,160

F 2820150

EQUIPMENT			
Subtotal - Code 20			\$11,160
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Classroom Desks	30.00	\$372.00	\$11,160

2110200

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$11,160
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	\$11,160
Grand Total		\$22,320

Agency Code: **270601040000**

Project #: **5896-21-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>
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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).

6/18/21 
 Date Signature

Thomas Ciaccio, Superintendent
 Name and Title of Chief Administrative Officer

Finance: Logged _____

Approved _____

MIR _____