

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:	ARP - ESSER - State Reserves Summer Learning	1%
Report Prepared By:	TABATHA BIGGANE	
Agency Name:	FONDA-FULTONVILLE CENTRAL SCHOOL DISTRICT	
Mailing Address:	112 OLD JOHNSTOWN ROAD	
	Street	
	FONDA	NY
	City	State
		12068
		Zip Code
Telephone # of Report Preparer:	518-853-3732 EXT.4233	County: MONTGOMERY
E-mail Address:	tbiggane@ffcsd.org	
Project Funding Dates:	3/13/2020	9/30/2024
	Start	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	\$162,528
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary	
Summer School Teacher	3.00	\$7,000	\$21,000	
Summer School Teacher	3.00	\$7,000	\$21,000	
Summer School Teacher	3.00	\$7,000	\$21,000	
Summer School Teacher	3.00	\$7,000	\$21,000	
Summer School Teacher	3.00	\$7,000	\$21,000	
Summer School Teacher	3.00	\$7,000	\$21,000	
Summer School Teacher	3.00	\$7,000	\$21,000	
School Social Worker	3.00	\$2,000	\$6,000	
Speech and Language Pathologist	3.00	\$5,472	\$16,416	
Speech and Language Pathologist	3.00	\$4,704	\$14,112	

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$18,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Summer Program Substitutes	3.00	\$1,000.00	\$3,000
Summer Program Substitutes	3.00	\$1,000.00	\$3,000
Summer Program Substitutes	3.00	\$1,000.00	\$3,000
Summer Program Substitutes	3.00	\$1,000.00	\$3,000
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PURCHASED SERVICES			
Subtotal - Code 40			\$2,042
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Field Trip	Utica Zoo	\$2,042.00	\$2,042

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$10,000
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Summer Program Supplied - Art activities, teacher supplied for activities planned, student supplies (crayons, markers, scissors)	10 summer program classrooms	\$1,000.00	\$10,000

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$162,528
Support Staff Salaries	16	\$18,000
Purchased Services	40	\$2,042
Supplies and Materials	45	\$10,000
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$192,570

Agency Code: **270601040000**

Project #: **5882-21-1430**

Contract #: _____

Agency Name: **FONDA-FULTONVILLE 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).

11/29/21 
 Date Signature

Thomas Ciaccio
Superintendent of Schools
 Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

Fiscal Year **First Payment** **Line #**

_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____

Voucher #

First Payment