

= Required Field

Local Agency Information			
<b>Funding Source:</b>	ARP-ESSER State After School Grant		
<b>Report Prepared By:</b>	Lisa Kyer		
<b>Agency Name:</b>	Lansingburgh Central School District		
<b>Mailing Address:</b>	55 New Turnpike Road		
	Street		
	Troy	New York	12182
	City	State	Zip Code
<b>Telephone # of Report Preparer:</b>	518 233-6850	<b>County:</b> Rensselaer	
<b>E-mail Address:</b>	lkyer@lansingburgh.org		
<b>Project Funding Dates:</b>	5/24/2021 Start	8/31/2024 End	

INSTRUCTIONS
<ul style="list-style-type: none"> <li>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.</li> <li>The Chief Administrator's Certification on the Budget Summary worksheet must be signed by the agency's Chief Administrative Officer or properly authorized designee.</li> <li>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.</li> <li>For information on budgeting refer to the Fiscal Guidelines for Federal and State Aided Grants at <a href="http://www.oms.nysed.gov/cafe/guidance/">http://www.oms.nysed.gov/cafe/guidance/</a>.</li> </ul>

SALARIES FOR PROFESSIONAL STAFF			
Subtotal - Code 15			\$28,694
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Summer 2021 Professional Salaries	5.00	\$5,760	\$28,694

PURCHASED SERVICES			
Subtotal - Code 40			\$155,250
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
After Care Services	TSL	\$125 per student	\$155,250

Employee Benefits		
Subtotal - Code 80		
\$4,795		
Benefit	Proposed Expenditure	
Social Security	\$2,195	
<b>Retirement</b>	New York State Teachers	\$2,600
	New York State Employees	
	Other - Pension	
Health Insurance		
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

**BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$28,694
Support Staff Salaries	16	
Purchased Services	40	\$155,250
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$4,795
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$188,739

Agency Code: **490601060000**

Project #: **5883- 21-2495**

Contract #: \_\_\_\_\_

Agency Name: **Lansingburgh 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).*

3/1/2022 \_\_\_\_\_  
 Date Signature

**Name and Title of Chief Administrative Officer**