

= Required Field

Local Agency Information		
Funding Source:	ARP ESSER	
Report Prepared By:	JEREMY NARDONE	
Agency Name:	CALEDONIA-MUMFORD CSD	
Mailing Address:	99 NORTH STREET	
	Street	
	CALEDONIA	NY 14423
	City	State Zip Code
Telephone # of Report Preparer:	585-538-3401	County: LIVINGSTON
E-mail Address:	<a href="mailto:JNARDONE@CAL-MUM.ORG">JNARDONE@CAL-MUM.ORG</a>	
Project Funding Dates:	3/13/2020	9/30/2024
	Start	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			\$514,657
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
PE Teacher (SH)	1.00	\$75,126	\$75,126
Social Worker (ST)	1.00	\$61,395	\$61,395
Technology Teacher (SM) ** LEARNING LOSS**	1.00	\$63,733	\$63,733
Director of Learning **LEARNING LOSS**	0.75	\$96,561	\$72,421
Counselor (JM)	1.00	\$76,701	\$76,701
ESOL Teacher (CC)	1.00	\$61,498	\$61,498
Guidance (SC)	1.00	\$55,315	\$55,315
Librarian (EB) **LEARNING LOSS**	1.00	\$48,468	\$48,468

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$238,811
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Building Cleaners	4.00	\$27,456.00	\$109,824
Teacher Aides	2.00	\$20,000.00	\$40,000
Custodian (ED)	1.00	\$33,342.00	\$33,342
Nurse (MG)	1.00	\$55,645.00	\$55,645

PURCHASED SERVICES			
Subtotal - Code 40			\$34,057
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Mini Air Conditioning Split in IT Room	Heidermann Mechanical	1 x \$7,278	\$7,278
Mini Air Conditioning Split in IT Office	Heidermann Mechanical	1 x \$7,279	\$7,279
Air Conditioning Unit in Nurses Office	Heidermann Mechanical	1 x \$19,500	\$19,500

Employee Benefits		
Subtotal - Code 80		\$161,269
Benefit		Proposed Expenditure
Social Security (At least \$5,137 of this is related to LEARNING LOSS)		\$51,320
<b>Retirement</b>	New York State Teachers	\$40,000
	New York State Employees	\$20,000
	Other - Pension	
Health Insurance		\$49,949
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

**BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$514,657
Support Staff Salaries	16	\$238,811
Purchased Services	40	\$34,057
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$161,269
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$948,794

Agency Code:	240201040000
Project #:	5880-21-1255
Contract #:	
Agency Name:	CALEDONIA-MUMFORD 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).*

12.14.21 \_\_\_\_\_  
 Date Signature

Robert Molisani  
 Superintendent of Schools  
 Name and Title of Chief Administrative Officer

**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	

Finance: Logged

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Approved

MIR