

= Required Field

Local Agency Information			
Funding Source:	<input type="text" value="CRRSA ESSER 2"/>	<input type="text"/>	
Report Prepared By:	<input type="text" value="Kacey Sheppard-Thibault"/>		
Agency Name:	<input type="text" value="Frankfort-Schuyler Central School District"/>		
Mailing Address:	<input type="text" value="605 Palmer Street"/>		
	<input type="text" value="Street"/>		
	<input type="text" value="Frankfort"/>	<input type="text" value="NY"/>	<input type="text" value="13340"/>
	City	State	Zip Code
Telephone # of Report Preparer:	<input type="text" value="315-895-7781"/>	County: <input type="text" value="Herkimer"/>	
E-mail Address:	<input type="text" value="ksheppard@frankfort-schuyler.org"/>		
Project Funding Dates:	<u>3/13/2020</u> Start	<u>9/30/2023</u> 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 PROFESSIONAL STAFF			
Subtotal - Code 15			\$622,557
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Registered Nurse (21.22)	1.00	\$36,000	\$36,000
Cleaner (21.22)	1.00	\$30,000	\$30,000
Resource Room Teacher- [REDACTED] (21.22)	1.00	\$52,821	\$52,821
Resource Room Teacher- [REDACTED] (21.22)	1.00	\$83,822	\$83,822
Third Grade Teacher- [REDACTED] (21.22)	1.00	\$88,942	\$88,942
Registered Nurse (22.23)	1.00	\$38,000	\$38,000
Cleaner (22.23)	1.00	\$31,500	\$31,500
Resource Room Teacher- [REDACTED] (22.23)	1.00	\$55,000	\$55,000
Resource Room Teacher- [REDACTED] (22.23)	1.00	\$87,000	\$87,000
Fourth Grade Teacher- [REDACTED] (22.23)	1.00	\$92,000	\$92,000
Reading AIS- [REDACTED] (22.23)	0.30	\$91,966	\$27,472

Employee Benefits		
Subtotal - Code 80		\$270,500
Benefit		Proposed Expenditure
Social Security		\$45,300
Retirement	New York State Teachers	\$41,445
	New York State Employees	\$21,020
	Other - Pension	
Health Insurance		\$162,735
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$622,557
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$270,500
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$893,057

Agency Code:

Project #:

Contract #:

Agency Name:

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).

6/1/21 _____
Date Signature

Joseph Palmer, Superintendent
Name and Title of Chief Administrative Officer

Finance: Logged _____

Approved _____

MIR _____