

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			
<b>Funding Source:</b>	American Rescue Plan (ARP) - Homeless Childre		
<b>Report Prepared By:</b>	Derek Vallese		
<b>Agency Name:</b>	Victor Central School District		
<b>Mailing Address:</b>	953 High Street		
	Street		
	Victor	NY	14564
	City	State	Zip Code
<b>Telephone # of Report Preparer:</b>	585-924-3252 ext 1410	<b>County:</b> Ontario	
<b>E-mail Address:</b>	vallesed@victorschools.org		
<b>Project Funding Dates:</b>	3/13/2020	9/30/2024	
	Start	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/>.

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$7,832
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Laundry Kits - Laundry tote, detergent, dryer sheets	18 students	Approximately \$100 per student	\$1,800
Kitchen kits - disposable utensils/dishes, reusable containers, paper towels	18 students	Approximately \$35.11 per student	\$632
Bedding/linen kits - sheets, pillows, comforters, towels	18 students	Approximately \$125 per student	\$2,250
Hygiene product kits - toothpaste, toothbrushes, tampons/pads, shampoo, deodorant	18 students	Approximately \$100 per student	\$1,800
Non-perishable food/bottled water	18 students	Approximately \$75 per student	\$1,350

**BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	\$7,832
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$7,832

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).*

3/30/22   
 Date Signature

Timothy Terranova  
 Superintendent of Schools  
 Name and Title of Chief Administrative Officer

Finance: Logged \_\_\_\_\_ Approved \_\_\_\_\_ MIR \_\_\_\_\_