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 Inform	nation
Funding Source:	CARES ACT ESSER	
Report Prepared By:	Barbara Sparacino	
Agency Name:	Somers Central School Distr	ict
Mailing Address:	PO Box 620 , 250 Route 202	
	Linclondale N)	Street 1.0540
[City	te Zip.Code
Telephone # of Preparer: 914-277-2	2473 Coun	westchester
E-mail Address: <u>bsparacir</u>	o@somersschools.org	
Project Funding Dates:	3/13/2020	9/30/2022
-	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/.

		Subtotal - Code 40	\$47,880
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Moving services	Collins Bothers Moving Corp	per quote	\$18,280
Storage facility rent	Collins Brothers Moving Corp	per quote	\$29,600
			s selective

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	16	
Purchased Services	40	\$47,880
Supplies and Materials	45	\$14,343
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Gran	nd Total	\$62,223

Agency Code:	662101060000
Project #:	5890-21-3810
Contract #:	
Agency Name:	Somers Central School District

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).

1 29/21 Signature

Dr. Raymond Blanch, Superintendent
Name and Title of Chief Administrative Officer

FOR DE	PARTMENT US	SE ONLY	
Funding Dates:	From	То	
Program Approval:	Date:		
Fiscal Year	First Paymer	nt Line#	
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Voucher#	First Payment		

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Finance: Logged _____ Approved ____ MIR ____