

= Required Field

<b>Local Agency Information</b>		
<b>Funding Source:</b>	CARES Act II ESSER Funding	
<b>Report Prepared By:</b>	Erin Brennan	
<b>Agency Name:</b>	Chester Union Free School District	
<b>Mailing Address:</b>	64 Hambletonian Avenue	
	Street	
	Chester, NY 10918	
	City	State
<b>Telephone # of Report Preparer:</b>	845-469-9184x3408	<b>County:</b> Orange
<b>E-mail Address:</b>	erin.brennan@chesterufsd.org	
<b>Project Funding Dates:</b>	3/13/2020 Start	9/30/2023 End

<b>INSTRUCTIONS</b>
<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			\$372,390
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Teacher-Summer	0.18	\$91,720	\$16,510
Teacher-Summer	0.18	\$91,720	\$16,510
Teacher-Summer	0.18	\$91,720	\$16,510
Teacher-Summer	0.18	\$91,720	\$16,510
Teacher-Summer	0.18	\$91,720	\$16,510
Teacher-Summer	0.18	\$91,720	\$16,510
Teacher-Summer	0.18	\$91,720	\$16,510
Teacher-Summer	0.18	\$91,720	\$16,510
Teacher-Summer	0.18	\$91,720	\$16,510
Teacher-Summer	0.18	\$91,720	\$16,510
Teacher-Summer	0.18	\$91,720	\$16,510
Teacher-Extended Day	0.18	\$91,720	\$16,510
Teacher-Extended Day	0.18	\$91,720	\$16,510
Teacher-Extended Day	0.18	\$91,720	\$16,510
Teacher-Extended Day	0.18	\$91,720	\$16,510
Teacher-Extended Day	0.18	\$91,720	\$16,510
Teacher-Extended Day	0.18	\$91,720	\$16,510
Teacher-Extended Day	0.18	\$91,720	\$16,510
Teacher-Extended Day	0.18	\$91,720	\$16,510
Social Worker 2021-22	0.50	\$91,720	\$45,860
Social Worker 2022-23	0.50	\$91,720	\$45,860

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$284,000
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Chromebooks	500.00	\$450.00	\$225,000
Newline Presentation Boards	20.00	\$2,950.00	\$59,000

Employee Benefits			
		Subtotal - Code 80	\$90,046
Benefit		Proposed Expenditure	
Social Security		\$28,488	
Retirement	New York State Teachers	\$48,411	
	New York State Employees		
	Other - Pension		
Health Insurance		\$13,147	
Worker's Compensation			
Unemployment Insurance			
<b>Other(Identify)</b>			

PURCHASED SERVICES WITH BOCES			
Subtotal - Code 49			\$20,000
Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
Educere - Credit Recovery	OU BOCES	\$20,000.00	\$20,000

MINOR REMODELING		
Subtotal - Code 30		<b>\$25,000</b>
Description of Work to be Performed	Calculation of Cost	Proposed Expenditure
Electrical Work - Maker Space	\$25,000.00	\$25,000

EQUIPMENT			
Subtotal - Code 20			<b>\$70,000</b>
Description of Item	Quantity	Unit Cost	Proposed Expenditure
3D Printers	2.00	\$25,000.00	\$50,000
Engravers	2.00	\$10,000.00	\$20,000

**BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$372,390
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	\$284,000
Travel Expenses	46	
Employee Benefits	80	\$90,046
Indirect Cost	90	
BOCES Services	49	\$20,000
Minor Remodeling	30	\$25,000
Equipment	20	\$70,000
<b>Grand Total</b>		<b>\$861,436</b>

Agency Code:

Project #:

Contract #:

Agency Name:

**FOR DEPARTMENT USE ONLY**

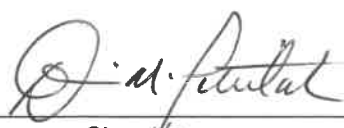
Funding Dates: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

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).*

6/3/2021 

Date Signature

**Denis Petrilak, Superintendent**  
Name and Title of Chief Administrative Officer

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