

= Required Field

Local Agency Information			
Funding Source:	<input style="width: 95%;" type="text" value="CRRSA Act - ESSER 2"/>		
Report Prepared By:	<input style="width: 95%;" type="text" value="Matt Crumb"/>		
Agency Name:	<input style="width: 95%;" type="text" value="Hamilton CSD"/>		
Mailing Address:	<input style="width: 95%;" type="text" value="47 W. Kendrick Ave."/>		
	Street		
	Hamilton	NY	13346
	City	State	Zip Code
Telephone # of Report Preparer:	<input style="width: 95%;" type="text" value="(315) 824-6372"/>	County: <input style="width: 95%;" type="text" value="Madison"/>	
E-mail Address:	<input style="width: 95%;" type="text" value="mcrumb@hamiltoncentral.org"/>		
Project Funding Dates:	3/13/2020 Start	9/30/2023 End	

INSTRUCTIONS
<ul style="list-style-type: none"> 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/.