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
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	Local Agenc	y Informati	ion	
Funding Source:	CARES - GEER			
Report Prepared By:	Matt Crumb			
Agency Name:	Hamilton CSD			
Mailing Address: 47 W. Kendrick Ave				
		Str	reet	
	Hamilton	NY	13346	
L	City	State	Zip Code	
Telephone # of Report Preparer: 31582463	372	County:	Madison	
E-mail Address: mcrumb@hamiltoncentral.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/.

SALARIES FOR PROFESSIONAL STAFF				
		Subtotal - Code 15	\$8,723	
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary	
Reading Teacher	0.11	\$78,987	\$8,723	

	PURCHASED SERV	ICES	
		Subtotal - Code 40	\$952
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Proportionate Share of ESSER Funds to NLCS	Various	\$15.86 per pupil x 60 pupils	\$952

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$8,723
Support Staff Salaries	16	
Purchased Services	40	\$952
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$9,675

Agency Code:	250701040000
Project #:	CARES - GEER
Contract #:	
Agency Name:	Hamilton CSD

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).

8 //4/20 Date Signature

William Dowsland, Superintendent

Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLY				
Funding Dates:	From	То		
Program Approval:	Dat	te:		
<u>Fiscal Year</u>	First Payment	Line #		
		¥		
Voucher #	— — Fir	st Payment		