

= Required Field

Project #: 5896-21-2075	Contract #: <input style="width: 100%;" type="text"/>
Agency Code: 412901040000	
Funding Source:	GEER
Agency Name:	Oriskany Central School District
Mailing Address:	1313 Utica Street
	Street
	Oriskany NY 13424
	City State Zip Code
Contact Person:	Kevin Sommer Telephone: 315-768-2051
E-mail Address:	ksommer@oriskanycsd.org
	Report Period: <input type="text" value="02"/> <input type="text" value="22"/> Month/Year

CHIEF ADMINISTRATOR'S CERTIFICATION

By signing this report, I certify to the best of my knowledge & belief that the report is true, complete, & accurate, & the expenditures, disbursements, & cash receipts are for the purposes & objectives set forth in the terms & 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).

Date: 3/2/22

Signature:

1. Amount of Approved Budget (Include approved amendments)	\$ <input style="width: 80%;" type="text" value="14,596"/>
2. Project Payments Received to Date	\$ <input style="width: 80%;" type="text" value="2,919"/>
3. Project Cash Expenditures to Date	\$ <input style="width: 80%;" type="text" value="3,889"/>
4. Cash Expenditures Anticipated During Next Month:	<input style="width: 80%;" type="text" value="0"/>
5. Additional Funds Requested (Entries 3 plus 4 minus 2)	\$ <input style="width: 80%;" type="text" value="970"/>

FOR DEPARTMENT USE ONLY

Voucher #: _____	Fiscal Year	Payment Split	Line #
	_____	\$ _____	_____
	_____	\$ _____	_____
Finance: <input style="width: 50px; height: 20px;" type="text"/>	_____	\$ _____	_____
LOG	_____	\$ _____	_____
MIR	_____	\$ _____	_____

General fund

The University of the State of New York
THE STATE EDUCATION DEPARTMENT

RECEIVED
NOV 24 2020

PROPOSED BUDGET FOR A
FEDERAL OR STATE PROJECT
FS-10 (03/15)

Office of Accountability

= Required Field

Local Agency Information

Funding Source: GEER 5895-21-2075

Report Prepared By: Laurie Widman

Agency Name: Oriskany Central School District

Mailing Address: 1313 Utica Street

Street

Oriskany

New York

13424

City

State

Zip Code

Telephone # of Report Preparer: 315.768.2051

County: Oneida

E-mail Address: lwidman@oriskanycsd.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/>.

PURCHASED SERVICES WITH BOCES			
Subtotal - Code 49			\$22,856
Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
Instructional Integration Specialist	Mohawk Regional Information Center	$\$49,403 - \$19,403 =$ $\$30,000 \times .278 \text{ (After Aid)} = \$8,340 + \$19,403$ $= \$27,743 \text{ non-aided} \times$ $.825 \text{ (position use in this role)} = \$22,856$	\$22,856

This is the local share of the

CF121
 ENTRY DATE 06/02/21
 PROJECT 5895212075
 SED CODE 412901040000
 NYC DOC #

GRANTS FINANCE
 PROJECT STATUS REPORT
 CARES ACT - GEER
 ORISKANY CSD

RUN DATE 06/02/21

BUDGET DETAIL INFORMATION

PROF SALARY	15	0.00	BEGIN DATE	03/13/20
NON PROF SALARY	16	0.00	END DATE	09/30/22
PURCH SERVICES	40	0.00	AMENDMENT #	
SUPP & MATERIAL	45	0.00	CONTRACT #	
TRAVEL EXPENSE	46	0.00	STOP DATE	
EMP BENEFITS	80	0.00	REFUND CHECK #	
INDIRECT COST	90	0.00	IND COST RATE	2.1
BOCES SERVICES	49	22,856.00	INT ELIG	N
REMODELING	30	0.00		
EQUIPMENT	20	0.00		

BUDGET SUMMARY INFORMATION

FUNDYEAR	BUDGET SPLITS	PAID TO DATE	OUTSTANDING ENC
589521	0.00	0.00	0.00
589520	22,856.00	4,571.00	18,285.00
589519	0.00	0.00	0.00
	0.00	0.00	0.00
	0.00	0.00	0.00
TOTAL	22,856.00	4,571.00	18,285.00

LOG AND CONTRACT DATES

BUDGET	RECEIVED	ENTERED	CONTRACT	APPROVED
INTERIM	04/16/21	04/17/21		
FINAL				

CASH DETAIL

ENTRY	DOC #	TRANS	ENC	RPT	LINE	AMOUNT	FUNDYR	MIR	PD	DT	STAT
060221	540519F	INIT	000	06/21	01	4,571.00	589520	060221			ENT

THIS BUDGET HAS BEEN PROCESSED BY THE NEW YORK STATE
 EDUCATION DEPARTMENT. THIS SUMMARY REPLACES THE SIGNED COPY.