

= Required Field

<b>Local Agency Information</b>		
<b>Funding Source:</b>	<b>CRRSA - ESSER</b>	
<b>Report Prepared By:</b>	<b>Erin Ostrander</b>	
<b>Agency Name:</b>	<b>Genesee Valley Central School District</b>	
<b>Mailing Address:</b>	<b>1 Jaguar Drive</b>	
	Street	
	<b>Belmont</b>	<b>NY</b>
	<b>14813</b>	
	City	State
	Zip Code	
<b>Telephone # of Report Preparer:</b>	<b>(585) 268-7902</b>	<b>County: Allegany</b>
<b>E-mail Address:</b>	<b><a href="mailto:eostrander@genvalley.org">eostrander@genvalley.org</a></b>	
<b>Project Funding Dates:</b>	<b>3/13/2020</b>	<b>9/30/2023</b>
	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 SUPPORT STAFF			
Subtotal - Code 16			\$30,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Daytime Cleaner	1.000	\$30,000.00	\$30,000

PURCHASED SERVICES			
Subtotal - Code 40			\$391,200
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
LVT Flooring in Elementary Classrooms - Replace Carpet	Mullens Carpet Center	\$11,000 x 10 Classrooms	\$110,000
Access Controls on Classroom Corridor Doors	NYS Contract	100-150 Classrooms	\$281,200

SUPPLIES AND MATERIALS			
Subtotal - Code 45			<b>\$189,084</b>
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Desk Shields	750.00	\$22.13	\$16,598
Cordless Handheld Sanitizers	16.00	\$1,099.00	\$17,584
Disposable Gloves	100.00	\$400/Case	\$40,000
Disinfectant Sanitizer	24.00	\$600/Month (Drum)	\$14,400
Hand Sanitizer	24.00	\$135/Case	\$3,240
Disinfectant Wipes	100.00	\$38/Bucket	\$3,800
Masks	10.00	\$200/Case	\$2,000
A-Verdi Storage	4.00	\$200/Unit/Month	\$19,200
Picnic Tables	10.00	\$716.18	\$7,162
Temperature Scanners	5.00	\$1,500 - \$1,700	\$7,700
Disposable Food Containers	300.00	\$30/Case	\$9,000
Disposable Silverware	50.00	\$18/Case	\$900
Logitech Crayons - iPads	250.00	\$50/Crayon	\$12,500
HP Color Laser Jet Enterprise Printer w/ Toner	1.00	\$5,000.00	\$5,000

Eficiente Worksurface Desks	20.00	\$1,500.00	\$30,000

Employee Benefits	
Subtotal - Code 80	
\$20,346	
Benefit	Proposed Expenditure
Social Security <b>.0765</b>	\$2,300
<b>Retirement</b>	New York State Teachers <b>.098</b>
	New York State Employees <b>.162</b>
	Other - Pension
Health Insurance <b>Family \$19,860 Single \$7,563</b>	\$13,046
Worker's Compensation <b>.006</b>	
Unemployment Insurance	
Other(Identify)	

EQUIPMENT			
Subtotal - Code 20			<b>\$19,828</b>
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Auto Floor Scrubber	1.00	\$19,828.00	\$19,828

**BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	16	\$30,000
Purchased Services	40	\$391,200
Supplies and Materials	45	\$189,084
Travel Expenses	46	
Employee Benefits	80	\$20,346
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	\$19,828
Grand Total		\$650,458

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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____

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).*

7/13/21 

Date Signature

**Dr. Brian Schmitt, Superintendent**  
**Name and Title of Chief Administrative Officer**

**Finance:** Logged \_\_\_\_\_

Approved \_\_\_\_\_

MIR \_\_\_\_\_