

= Required Field

Local Agency Information			
<b>Funding Source:</b>	ESSER 2		
<b>Report Prepared By:</b>	Laura Feldman		
<b>Agency Name:</b>	Eden Central School		
<b>Mailing Address:</b>	8289 N. Main St.		
	Street		
	Eden	NY	14057
	City	State	Zip Code
<b>Telephone # of Report Preparer:</b>	716-992-3613 ext 6001	<b>County:</b> <span style="background-color: #d9ead3;">Erie</span>	
<b>E-mail Address:</b>	<a href="mailto:lfeldman@edencsd.org">lfeldman@edencsd.org</a>		
<b>Project Funding Dates:</b>	3/13/2020 Start	9/30/2023 End	

INSTRUCTIONS
<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			\$877,504
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Teacher - AIS TEACHER	1.00	\$90,200	\$90,200 ✓
Teacher - AIS TEACHER	1.00	\$90,200	\$90,200 ✓
Teacher - AIS TEACHER	1.00	\$91,102	\$91,102
Teacher - AIS TEACHER	1.00	\$91,102	\$91,102
Teacher - Elem class size reduction	1.00	\$58,000	\$58,000 ✓
Teacher - Elem class size reduction	1.00	\$59,900	\$59,900
Librarian EE	0.29	\$13,340	\$13,340 ✓
Librarian GLP	0.17	\$7,820	\$7,820 ✓
Teacher - Business	0.17	\$7,840	\$7,840
Remote/home Instruction Teachers	4.00	\$46,000	\$184,000 ✓
Remote/home Instruction Teachers	4.00	\$46,000	\$184,000 ✓


SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$65,491
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Laborer	0.14	\$3,500.00	\$3,500
CLERK TYPIST	0.82	\$16,983.00	\$16,983
RN NURSE	0.50	\$17,296.00	\$17,296
CURRICULUMN SECRETARY	0.82	\$27,712.00	\$27,712

Employee Benefits			
		Subtotal - Code 80	\$164,917
Benefit		Proposed Expenditure	
Social Security		\$71,870	
Retirement	New York State Teachers	\$85,995	
	New York State Employees	\$7,052	
	Other - Pension		
Health Insurance			
Worker's Compensation			
Unemployment Insurance			
Other(Identify)			

**BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$877,504
Support Staff Salaries	16	\$65,491
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$164,917
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$1,107,912

Agency Code: **141201600000**

Project #: **5891-21-0780**

Contract #: \_\_\_\_\_

Agency Name: **Eden Central School**

**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).*

8/10/21 \_\_\_\_\_  
Date Signature

**Jeffrey A. Sortisio, Superintendent of Schools**  
Name and Title of Chief Administrative Officer

**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 \_\_\_\_\_

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