

= Required Field

<b>Local Agency Information</b>			
<b>Funding Source:</b>	ARP-ESSER 1% Summer Learning & Enrich		
<b>Report Prepared By:</b>	Anthony Sonnacchio		
<b>Agency Name:</b>	Marcellus Central School District		
<b>Mailing Address:</b>	2 Reed Parkway		
	Street		
	Marcellus	NY	13108
	City	State	Zip Code
<b>Telephone # of Report Preparer:</b>	(315) 673-6001	<b>County:</b> Onondaga	
<b>E-mail Address:</b>	asonnacchio@marcellusschools.org		
<b>Project Funding Dates:</b>	3/13/2020 Start	9/30/2024 End	

<b>INSTRUCTIONS</b>
<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>



Subtotal - Code 80		\$11,533
Benefit		Proposed Expenditure
Social Security		
<b>Retirement</b>	New York State Teachers	
	New York State Employees	
	Other - Pension	
Health Insurance		
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		
Social Security - Learning Loss Summer Enrichment		\$6,768
NYS Teachers Retirement - Learning Loss Summer Enrichment		\$4,765

**BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$88,469
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$11,533
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$100,002

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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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).*

11 / 1 / 2021 

Date Signature

**Michelle Brantner, Superintendent**  
Name and Title of Chief Administrative Officer