

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

Local Agency Information

Funding Source:	Governor's Education Emergency Relief (GEER)	
Report Prepared By:	Jessica Jackson	
Agency Name:	Wheatland-Chili Central School District	
Mailing Address:	13 Beckwith Avenue	
	Street	
	Scottsville	NY 14546
	City	State Zip Code
Telephone # of Report Preparer:	585-889-6244	County: Monroe
E-mail Address:	jessica_jackson@wheatland.k12.ny.us	
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			\$40,023
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Math Intervention - S. Hough	0.83	\$48,034	\$40,023

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$1,067
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Reserves for NonPublic Schools:			
Harley School - cleaning supplies, including chemical (from Rochester Midlands)	approx. 10-50	approx. \$5 - \$30	\$213
Harley School - paper products (from Core Distributors)	approx. 10-50	approx. \$5 - \$30	\$214
McQuaid - Cleaning supplies, hand sanitizer, PPE, etc.	approx. 10-50	approx. \$5 - \$30	\$213
St. Pius Tenth - Partial cost of Student Licenses for IXL - Math program to supplement Academic Intervention Support	bundle of 25	\$320.00	\$320
Allendale Columbia - Cleaning, sanitizing, and similar supplies; PPE and similar protective supplies	approx. 5 - 20	approx. \$5 - \$30	\$107

INDIRECT COST		
A.	Modified Direct Cost Base -- Sum of all preceding subtotals(codes 15, 16, 40, 45, 46, and 80 and excludes the portion of each subcontract exceeding \$25,000 and any flow through funds) **Manual Entry	
B.	Approved Restricted Indirect Cost Rate	
C.	Subtotal - Code 90	

For your information, maximum direct cost base = \$41,090.00

To calculate Modified Direct Cost Base, reduce maximum direct cost base by the portion of each subcontract exceeding \$25,000 and any flow through funds.

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$40,023
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	\$1,067
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$41,090

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).

2/18/21

Date



Signature

Lynda Quick, Esq. Superintendent of Schools
Name and Title of Chief Administrative Officer

Agency Code:

262001040000

Project #:

5895-21-1415

Contract #:

Agency Name:

Wheatland-Chili Central School District

FOR DEPARTMENT USE ONLY

Funding Dates:

From

To

Program Approval:

Date:

Fiscal Year**First Payment****Line #**

Voucher #

First Payment

Finance: Logged _____

Approved _____

MIR _____