

= Required Field

**Local Agency Information**

<b>Funding Source:</b>	Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act - ESSER 2	
<b>Report Prepared By:</b>	Chad Groff, Superintendent of Schools	
<b>Agency Name:</b>	Canaseraga Central School District	
<b>Mailing Address:</b>	4-8 Main Street	
	Street	
	Canaseraga City	NY State

<b>Telephone # of Report Preparer:</b>	607-545-6421	<b>County:</b>	Allegany
<b>E-mail Address:</b>	cgroff@ccsdny.org		

**Project Funding Dates:** 3/13/2020 9/30/2023  
 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			\$50,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Intervention Teacher	1.0 FTE	\$50,000	\$50,000

SALARIES FOR SUPPORT STAFF			
			Subtotal - Code 16
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary

PURCHASED SERVICES			
			Subtotal - Code 40
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure

### SUPPLIES AND MATERIALS

Subtotal - Code 45			\$91,536
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Grade-level diagnostic assessments to identify skill gaps for academic intervention	75 assessments	\$26/assessment	\$1,950
Supplemental instruction packets for students identified as at risk of academic failure	95 packets	\$27.22/packet	\$2,586
Replacement Chromebooks for student intervention activities and general use during remote and in-person learning	64 Chromebooks	\$312.50/unit	\$20,000
iPads for student intervention activities and general use during remote and in-person learning	45 iPads	\$725/unit	\$32,625
iPad cases with screen protectors	45 cases	\$52.77/case	\$2,375
Laptop replacements for teacher use during remote and in-person learning	26 laptops	\$846.15/unit	\$22,000
EPA and CDC certified sanitizing wipes	100 cases	\$42.58/case	\$4,258
EPA and CDC certified sanitizing spray	100 cases	\$57.42/case	\$5,742

TRAVEL EXPENSES			
			Subtotal - Code 46
Position of Traveler	Destination and Purpose	Calculation of Cost	Proposed Expenditures

Employee Benefits		
Subtotal - Code 80		\$23,000
Benefit		Proposed Expenditure
Social Security		\$3,825
Retirement	New York State Teachers	\$4,765
	New York State Employees	
	Other - Pension	
Health Insurance		\$14,410
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

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 = \$164,536.00

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.



PURCHASED SERVICES WITH BOCES			
Subtotal - Code 49			\$45,000
Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
BOCES Social Worker to provide mental health services and supports 2 days/week x 40 weeks	GST BOCES	80 visits x \$562.50/visit	\$45,000

MINOR REMODELING		
		Subtotal - Code 30
Description of Work to be Performed	Calculation of Cost	Proposed Expenditure

EQUIPMENT			
			Subtotal - Code 20
Description of Item	Quantity	Unit Cost	Proposed Expenditure

**BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$50,000
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	\$91,536
Travel Expenses	46	
Employee Benefits	80	\$23,000
Indirect Cost	90	
BOCES Services	49	\$45,000
Minor Remodeling	30	
Equipment	20	
Grand Total		\$209,536

Agency Code: **021102040000**

Project #: **5891-21-0100**

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

Agency Name: **Canaseraga Central School District**

**FOR DEPARTMENT USE ONLY**

Funding Dates: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Program Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**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).*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date Signature

**Chad Groff, Superintendent of Schools**  
**Name and Title of Chief Administrative Officer**

<u>Fiscal Year</u>	<u>First Payment</u>	<u>Line #</u>
_____	_____	_____
_____	_____	_____
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Voucher #	First Payment	

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