

= Required Field

<b>Local Agency Information</b>			
<b>Funding Source:</b>	<input type="text" value="ESSER 2"/>	<input type="text"/>	
<b>Report Prepared By:</b>	<input type="text" value="Denise Cook"/>		
<b>Agency Name:</b>	<input type="text" value="Deposit Central School District"/>		
<b>Mailing Address:</b>	<input type="text" value="171 Second Street"/>		
	<input type="text" value="Street"/>		
	<input type="text" value="osit Central School Dis"/>	<input type="text" value="NY"/>	<input type="text" value="13850"/>
	<input type="text" value="City"/>	<input type="text" value="State"/>	<input type="text" value="Zip Code"/>
<b>Telephone # of Report Preparer:</b>	<input type="text" value="607-467-5380"/>	<b>County:</b> <input type="text" value="Delaware"/>	
<b>E-mail Address:</b>	<input type="text" value="dcook@deposit.stier.org"/>		
<b>Project Funding Dates:</b>	<u>3/13/2020</u> Start	<u>11/30/2023</u> 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>

<b>SALARIES FOR PROFESSIONAL STAFF</b>			
Subtotal - Code 15			<b>\$240,000</b>
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
HS Literacy Interventionist	1.00	\$60,000	\$120,000
Elementary Interventionist	1.00	\$60,000	\$120,000

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			<b>\$112,639</b>
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Middle School Instructional Aide	1.00	\$18,200.00	\$36,400
Middle School Instructional Aide	1.00	\$18,200.00	\$36,400
2019-2020 Transportation Stand By Salaries	6.00	\$39,839.00	\$39,839

<b>SUPPLIES AND MATERIALS</b>			
<b>Subtotal - Code 45</b>			<b>\$10,000</b>
<b>Description of Item</b>	<b>Quantity</b>	<b>Unit Cost</b>	<b>Proposed Expenditure</b>
Supplies and Materials for new Literacy Interventionist		\$5,000.00	\$5,000
Supplies and Materials for new Elementary Interventionist		\$5,000.00	\$5,000

Employee Benefits			
		Subtotal - Code 80	\$230,632
Benefit		Proposed Expenditure	
Social Security		\$26,977	
Retirement	New York State Teachers	\$23,520	
	New York State Employees	\$15,940	
	Other - Pension		
Health Insurance		\$163,637	
Worker's Compensation		\$558	
Unemployment Insurance			
Other(Identify)			



**BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$240,000
Support Staff Salaries	16	\$112,639
Purchased Services	40	
Supplies and Materials	45	\$10,000
Travel Expenses	46	
Employee Benefits	80	\$230,632
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$593,271

Agency Code: **031301040000**

Project #: **5891-21-0175**

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

Agency Name: **Deposit 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).*

*6/29/2021 Denise Cook*

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

**Denise Cook**  
*Superintendent*

Name and Title of Chief Administrative Officer

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





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

Approved \_\_\_\_\_

MIR \_\_\_\_\_

