

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:	CARES ACT - Elementary and Secondary School Emergency Relief	
Report Prepared By:	Joseph McLaughlin	
Agency Name:	Harpursville CSD	
Mailing Address:	PO Box 147	
	Street	
	Harpursville	NY 13787
	City	State Zip Code
Telephone # of Report Preparer:	607-693-8120	County: Broome
E-mail Address:	jjmclaughlin@hcs.stier.org	
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			\$283,718
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Elementary Teacher	1.00	\$79,370	\$79,370
Elementary Teacher	1.00	\$69,247	\$69,247
High School Teacher	1.00	\$60,263	\$60,263
High School Teacher	1.00	\$74,838	\$74,838

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$5,610
Description of Item	Quantity	Unit Cost	Proposed Expenditure
•Disinfectant Supplies – for Clorox 360 System - Springbrook	11.00	\$47.50	\$523
•Ionization Upgrade to HCVAC System. - Springbrook	2.00	\$299.75	\$600
Chrombooks - CHOW	2.00	\$300.00	\$600
Headphones (Amazon)- CHOW	2.00	\$22.00	\$44
Purchase cleaning supplies through BT BOCES competitive Bid see attached (CHOW)	1.00	\$1,600.00	\$1,600
Chromebooks - Seton CC	1.00	\$300.00	\$300
Purchase cleaning supplies through BT BOCES competitive Bid see attached (Seton CC)	1.00	\$822.00	\$822
Chrombooks - CHOW	1.00	\$300.00	\$300
Purchase cleaning supplies through BT BOCES competitive Bid see attached (St John's)	1.00	\$822.00	\$822

Employee Benefits		
Subtotal - Code 80		\$114,428
Benefit		Proposed Expenditure
Social Security		\$21,705
Retirement	New York State Teachers	\$27,038
	New York State Employees	
	Other - Pension	
Health Insurance		\$65,685
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$283,718
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	\$5,610
Travel Expenses	46	
Employee Benefits	80	\$114,428
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$403,756

Agency Code: **030501040000**Project #: **5890-21-0155**Contract #: Agency Name: **Harpursville CSD****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).

11/24/2020

Date

Michael Rullo

Signature

Michael Rullo (Superintendent)**Name and Title of Chief Administrative Officer****Fiscal Year****First Payment****Line #**

Voucher #

First Payment