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 Fig | eld |
|--|----------------|-----|
|--|----------------|-----|

| Local Agency Information | | | | |
|---|---|-------|------------------|--|
| Funding Source: | ARP ESSER 1% STATE LEVEL RESERVE AFTER SCHOOL | | | |
| Report Prepared By: | KRISTIN BARNHILL | | | |
| Agency Name: | BERNE-KNOX-WESTERLO CSD | | | |
| Mailing Address: | | | | |
| | Street | | | |
| | BERNE | NY | 12023 | |
| | City | State | Zip Code | |
| Telephone # of Report Preparer: 518-872-0909 County: ALBANY | | | | |
| E-mail Address: kristin.barnhill@bkwschools.org | | | | |
| Project Funding Dates: | 3/13/2020 Start | | 9/30/2024 End | |
| | | | E110 | |

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 | \$60,000 | |
| Specific Position Title | Full-Time Equivalent | Annualized Rate of Pay | Project Salary | |
| Teacher - 3 years | 1.00 | \$15,000 | \$15,000 | |
| Teacher - 3 years | 1.00 | \$15,000 | \$15,000 | |
| Teacher - 3 years | 1.00 | \$15,000 | \$15,000 | |
| Teacher - 3 years | 1.00 | \$15,000 | \$15,000 | |

| Subtotal - Code 16 | | | \$52,073 |
|-------------------------|-------------------------|------------------------|----------------|
| Specific Position Title | Full-Time Equivalent | Annualized Rate of Pay | Project Salary |
| Bus Driver - 3 years | 1.00 | \$13,019.00 | \$13,019 |
| Bus Driver - 3 years | 1.00 | \$13,018.00 | \$13,018 |
| Bus Driver - 3 years | 1.00 | \$13,018.00 | \$13,018 |
| Bus Driver - 3 years | 1.00 | \$13,018.00 | \$13,018 |
| | | | |
| | | | |

BUDGET SUMMARY

| SUBTOTAL | CODE | PROJECT COSTS |
|------------------------|------|---------------|
| Professional Salaries | 15 | \$60,000 |
| Support Staff Salaries | 16 | \$52,073 |
| Purchased Services | 40 | |
| Supplies and Materials | 45 | |
| Travel Expenses | 46 | |
| Employee Benefits | 80 | |
| Indirect Cost | 90 | |
| BOCES Services | 49 | |
| Minor Remodeling | 30 | |
| Equipment | 20 | |
| Grand Total | | \$112,073 |

| Agency Code: | 010201040000 |
|--------------|-------------------------|
| Project #: | 5883-21-0010 |
| Contract #: | |
| Agency Name: | BERNE-KNOX-WESTERLO CSD |

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 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).

| j | 112,22 | Mindhy Mundell |
|---|--------|----------------|
| | Date | Signature |

Name and Title of Chief Administrative Office

| FOR DEPARTMENT USE ONLY | | | |
|-------------------------|---------------|---------|--|
| Funding Dates: | From | То | |
| Program Approval: | Date: | | |
| <u>Fiscal Year</u> | First Payment | Line # | |
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| | | | |
| | | | |
| | | | |
| Voucher# | First l | Payment | |

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 Finance:
 Logged ______
 Approved ______
 MIR ______