

= Required Field

Local Agency Information		
<b>Funding Source:</b>	ARP-ESSER 1% State-Level Reserve - Summer Learning and Enrichment	
<b>Report Prepared By:</b>	Timothy Holmes	
<b>Agency Name:</b>	Warwick Valley Central School District	
<b>Mailing Address:</b>	225 West Street	
	Street	
	Warwick City	New York State
<b>Telephone # of Report Preparer:</b>	845 987-3000 X 10521	<b>County:</b> Orange
<b>E-mail Address:</b>	tholmes@wvcsd.org	
<b>Project Funding Dates:</b>	March 13, 2020 Start	September 30, 2024 End

INSTRUCTIONS
<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>

SALARIES FOR PROFESSIONAL STAFF			
Subtotal - Code 15			\$90,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
2022-23 Summer School (Special Education)	9.00	\$5,000	\$45,000
2023-24 Summer School (Special Education)	9.00	\$5,000	\$45,000

Employee Benefits		
Subtotal - Code 80		\$10,002
Benefit		Proposed Expenditure
Social Security		\$6,885
<b>Retirement</b>	New York State Teachers	\$3,117
	New York State Employees	
	Other - Pension	
Health Insurance		
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

**BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$90,000
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$10,002
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$100,002

Agency Code:

Project #:

Contract #:

Agency Name:

**FOR DEPARTMENT USE ONLY**

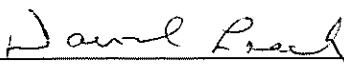
Funding Dates: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

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

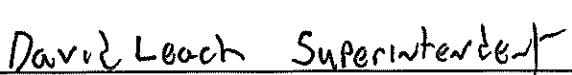
<u>Fiscal Year</u>	<u>First Payment</u>	<u>Line #</u>
_____	_____	_____
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Voucher #	First Payment	

**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).*

11/29/21 

Date Signature

  
 Name and Title of Chief Administrative Officer

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

Approved \_\_\_\_\_

MIR \_\_\_\_\_