

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:	Governor's Emergency Education Relief 2 (GEER 2) Fund		
Report Prepared By:	Timothy Holmes		
Agency Name:	Warwick Valley Central School District		
Mailing Address:	225 West Street		
	Street		
	Warwick	New York	10990
	City	State	Zip Code
Telephone # of Report Preparer:	845 987-3000 X10521	County: Orange	
E-mail Address:	tholmes@wvcsd.org		
Project Funding Dates:			
	Mach 13, 2020	September 30, 2023	
	Start	End	

INSTRUCTIONS
<ul style="list-style-type: none"> • 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			\$382,534
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Teacher Special Ed - High School	1.00	\$56,650	\$56,650
Teacher Special Ed - Middle School	1.00	\$56,650	\$56,650
Teacher Grade 6	1.00	\$56,650	\$56,650
Teacher Grade 5	1.00	\$56,650	\$56,650
Teacher Grade 6	1.00	\$51,978	\$51,978
Teacher Grade 2	1.00	\$51,978	\$51,978
Teacher Grade 2	1.00	\$51,978	\$51,978

PURCHASED SERVICES			
Subtotal - Code 40			\$55,000
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Pre-K Program Support	Village Childcare	\$1000 X 55 Students	\$55,000

Employee Benefits			
		Subtotal - Code 80	\$16,969
Benefit		Proposed Expenditure	
Social Security			\$16,969
Retirement	New York State Teachers		
	New York State Employees		
	Other - Pension		
Health Insurance			
Worker's Compensation			
Unemployment Insurance			
Other(Identify)			

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$382,534
Support Staff Salaries	16	
Purchased Services	40	\$55,000
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$16,969
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$454,503

Agency Code:

Project #:

Contract #:

Agency Name:

FOR DEPARTMENT USE ONLY

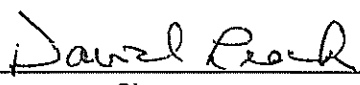
Funding Dates: _____ From _____ To _____

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).

7/30/21 

Date Signature

Name and Title of Chief Administrative Officer

Finance: Logged _____

Approved _____

MIR _____