

= Required Field

Local Agency Information			
Funding Source:	<input type="text" value="CRRSA - ESSER2"/>	<input type="text"/>	
Report Prepared By:	<input type="text" value="Thomas Finnerty"/>		
Agency Name:	<input type="text" value="Cazenovia Central School District"/>		
Mailing Address:	<input type="text" value="31 Emory Avenue"/>		
	<input type="text" value="Street"/>		
	<input type="text" value="Cazenovia"/>	<input type="text" value="NY"/>	<input type="text" value="13035"/>
	City	State	Zip Code
Telephone # of Report Preparer:	<input type="text" value="(315) 655-1340"/>	County: <input type="text" value="Madison"/>	
E-mail Address:	<input type="text" value="tfinnerty@caz.cnyric.org"/>		
Project Funding Dates:	<u>March 13, 2020</u> Start	<u>September 30, 2023</u> 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			\$530,616
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Elementary Teacher (20-21)	1.00	\$66,885	\$66,885
Elementary Teacher (20-21)	1.00	\$65,585	\$65,585
Elementary Teacher (20-21)	1.00	\$47,968	\$47,968
Middle School Teacher (20-21)	1.00	\$78,576	\$78,576
Middle School Teacher (20-21)	1.00	\$75,323	\$75,323
Administrative Intern (21-22)	1.00	\$76,805	\$76,805
Mental Health Coordinator (21-22)	1.00	\$59,737	\$59,737
Mental Health Coordinator (22-23)	1.00	\$59,737	\$59,737

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$64,004
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
School Bus Drivers - dbl tripping (20-21)	24.00	Avg cost of dbl tripping per driver: \$2666.84	\$64,004

SUPPLIES AND MATERIALS

			Subtotal - Code 45	\$94,157
Description of Item	Quantity	Unit Cost	Proposed Expenditure	
Chromebooks for student use	352.00	\$267.49	\$94,157	

Employee Benefits			
		Subtotal - Code 80	\$247,540
Benefit		Proposed Expenditure	
Social Security		\$45,488	
Retirement	New York State Teachers		\$50,568
	New York State Employees		\$6,100
	Other - Pension		
Health Insurance		\$145,384	
Worker's Compensation			
Unemployment Insurance			
Other(Identify)			

PURCHASED SERVICES WITH BOCES			
			Subtotal - Code 49
			\$14,000
Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
Trauma Informed Instruction Training and Support (21-22)	OCM BOCES	Estimated \$7,000 annually	\$7,000
Trauma Informed Instruction Training and Support (22-23)	OCM BOCES	Estimated \$7,000 annually	\$7,000

EQUIPMENT			
			Subtotal - Code 20
			\$200,000
Description of Item	Quantity	Unit Cost	Proposed Expenditure
1-ton Dodge pickup truck (or similar) w/plow	2.00	\$55,000.00	\$110,000
14 ft Jacobsen commercial mower (or similar)	1.00	\$90,000.00	\$90,000

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$530,616
Support Staff Salaries	16	\$64,004
Purchased Services	40	
Supplies and Materials	45	\$94,157
Travel Expenses	46	
Employee Benefits	80	\$247,540
Indirect Cost	90	
BOCES Services	49	\$14,000
Minor Remodeling	30	
Equipment	20	\$200,000
Grand Total		\$1,150,317

Agency Code: **250201060000**

Project #: **5891-21-1285**

Contract #: _____

Agency Name: **Cazenovia Central School District**

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

<u>Fiscal Year</u>	<u>First Payment</u>	<u>Line #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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).

8/14/21 _____
 Date Signature

Christopher DiFulvio, Superintendent
 Name and Title of Chief Administrative Officer