

= Required Field

<b>Local Agency Information</b>			
<b>Funding Source:</b>	ARP Summer Enrichment		
<b>Report Prepared By:</b>	Peter F. Young		
<b>Agency Name:</b>	Newfane Central School District		
<b>Mailing Address:</b>	6273 Charlotteville Road		
	Street		
	Newfane	New York	14108
	City	State	Zip Code
<b>Telephone # of Report Preparer:</b>	716-778-6462	<b>County:</b> Niagara	
<b>E-mail Address:</b>	<a href="mailto:pyoung@newfanecentralschools.org">pyoung@newfanecentralschools.org</a>		
<b>Project Funding Dates:</b>	3/13/2020 Start	9/30/2024 End	

<b>INSTRUCTIONS</b>
<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
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary

SALARIES FOR SUPPORT STAFF			
			Subtotal - Code 16
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary

PURCHASED SERVICES			
Subtotal - Code 40			\$100,002
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
(15) Summer School Enrichment Program 2021	Sylvan Learning	\$1,000 per student x 100 children	\$100,002

SUPPLIES AND MATERIALS			
Subtotal - Code 45			
Description of Item	Quantity	Unit Cost	Proposed Expenditure

TRAVEL EXPENSES			
			Subtotal - Code 46
Position of Traveler	Destination and Purpose	Calculation of Cost	Proposed Expenditures

Employee Benefits	
Subtotal - Code 80	
Benefit	Proposed Expenditure
Social Security	
<b>Retirement</b>	New York State Teachers
	New York State Employees
	Other - Pension
Health Insurance	
Worker's Compensation	
Unemployment Insurance	
Other(Identify)	

INDIRECT COST		
A.	Modified Direct Cost Base -- Sum of all preceding subtotals(codes 15, 16, 40, 45, 46, and 80 and excludes the portion of each subcontract exceeding \$25,000 and any flow through funds) <b>**Manual Entry</b>	
B.	Approved Restricted Indirect Cost Rate	
C.		Subtotal - Code 90

For your information, maximum direct cost base = \$100,002.00

To calculate Modified Direct Cost Base, reduce maximum direct cost base by the portion of each subcontract exceeding \$25,000 and any flow through funds.



PURCHASED SERVICES WITH BOCES			
			Subtotal - Code 49
Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure

MINOR REMODELING		
		Subtotal - Code 30
Description of Work to be Performed	Calculation of Cost	Proposed Expenditure

EQUIPMENT			
Subtotal - Code 20			
Description of Item	Quantity	Unit Cost	Proposed Expenditure

**BUDGET SUMMARY**

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

Agency Code: **400601060000**

Project #: **5882-21-1955**

Contract #: \_\_\_\_\_

Agency Name: **Newfane 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).*

11/16/21  
Date

  
Signature

Michael Bowman Superintendent  
Name and Title of Chief Administrative Officer

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

Approved \_\_\_\_\_

MIR \_\_\_\_\_