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	/ Informati	on
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Funding Source: Elementary ad Secondary School Emergency Re				
Report Pre	pared By:	BILLI JO STALLMAN		
Agency Name: OPPENHEIM-EPHRATAH-ST.JOHNSVILLE CSD				
Mailing	Address: 44 CENTER ST			
_	Ī	Street		
		ST. JOHNSVILLE NY 13452		
		City State Zip Code		
Telephone # of Report Preparer:		9990	County:	MONTGOMERY
E-mail Address:		llman@oesj.org		
Project Funding Dates:		3/13/2020		9/30/2022
-		Start		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/.

		\$127,807
Subtotal - Code 16		
Full-Time Equivalent	Annualized Rate of Pay	Project Salary
1.00	\$24,544.00	\$24,544
1.00	\$24,594.00	\$24,594
1.00	\$24,594.00	\$24,594
1.00	\$54,075.00	\$54,075
	Full-Time Equivalent 1.00 1.00	Equivalent : Pay 1.00

SUPPL	IES AND MATE	RIALS	
		Subtotal - Code 45	\$55,607
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Clorox Total 360 Electrostatic Sprayer	2.00	\$3,995.00	\$7,990
Clorox Total 360 Disinfectant solution	40.00	\$95.00	\$3,800
Thermometers	15.00	\$71.24	\$1,069
3ply Facemasks with ear loops- Adults	3000.00	\$0.22	\$660
Gloves	26.00	\$44.66	\$1,161
Disinfectant	60.00	\$57.00	\$3,420
Floor Stand Hand Sanitizer Dispenser	4.00	\$149.00	\$596
Hand Sanitizer for Floor Stand Dispenser	12.00	\$131.87	\$1,583
Social Distance and Mask Required Signage 4pk	48.00	\$22.54	\$541
Hand Sanitizer and Foam Handwash	60.00	\$82.11	\$4,927
Spray Bottles	40.00	\$1.07	\$43
Storage Containers (6 months)	5.00	\$892.00	\$4,460
Face Masks with Clear Anti-fog window	100.00	\$4.67	\$467
3ply Facemasks with ear loops - kids	5000.00	\$0.21	\$1,050

	Employee Benefits	
	Subtotal - Code 80	\$42,699
	Benefit	Proposed Expenditure
Social Security		\$15,247
	New York State Teachers	
Retirement	New York State Employees	\$18,941
	Other - Pension	
Health Insurance		\$8,511
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		
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BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$71,500
Support Staff Salaries	16	\$127,807
Purchased Services	40	\$5,950
Supplies and Materials	45	\$55,607
Travel Expenses	46	
Employee Benefits	80	\$42,699
Indirect Cost	90	
BOCES Services	49	\$51,198
Minor Remodeling	30	
Equipment	20	
Grand Total		\$354,761

Agency Code:	271201040000
Project #:	5890-21-1440
Contract #:	
Agency Name:	Oppenheim-Epratah-St. Johnsville 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 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).

or, occilona	0720 0700 unu 0001 0072j.
11 1412 Date	020 Adj July Signature
	Heroth, Superintendent Title of Chief Administrative Officer

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