

= Required Field

Local Agency Information		
<b>Funding Source:</b>	Governors Emergency Education Relief Fund	
<b>Report Prepared By:</b>	BILLI JO STALLMAN	
<b>Agency Name:</b>	OPPENHEIM-EPHRATAH-ST.JOHNSVILLE CSD	
<b>Mailing Address:</b>	44 CENTER ST	
	Street	
	ST. JOHNSVILLE	NY 13452
	City	State Zip Code
<b>Telephone # of Report Preparer:</b>	518-568-9990	<b>County:</b> MONTGOMERY
<b>E-mail Address:</b>	billijo.stallman@oesj.org	
<b>Project Funding Dates:</b>	3/13/2020 Start	9/30/2022 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>

PURCHASED SERVICES			
Subtotal - Code 40			\$49,000
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Behavioral Healthcare Services- School to Home Liasion	St. Mary's Healthcare	\$43,667.00	\$43,667
Technical support and training to support distance learning	CPI	\$5,000.00	\$5,000
Northeast Parent & Child Society- to continue provison of educational services to students	Northeast Parent & Child	\$333.00	\$333

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$6,126
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Verizon Hotspots	12.00	\$125.00	\$1,500
HP Pavilion Touchscreen Laptop	1.00	\$1,098.30	\$1,098
Postage for mailing of learning materials	1.00	\$3,528.00	\$3,528

**BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$5,000
Support Staff Salaries	16	
Purchased Services	40	\$49,000
Supplies and Materials	45	\$6,126
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$60,126

Agency Code: 271201040000

Project #: 5895-21-1440

Contract #:  

Agency Name: Oppenheim-Ephratah-St. Johnsville CSD

**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).*

1/12/2021 [Signature]

Date Signature

**Name and Title of Chief Administrative Officer**

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

Approved \_\_\_\_\_

MIR \_\_\_\_\_