

= Required Field

Local Agency Information			
Funding Source:	ARP-ESSER State Reserves - Summer Learning and Enrichment		
Report Prepared By:	Carl Mummenthey		
Agency Name:	Cobleskill-Richmondville Central School District		
Mailing Address:	155 Washington Ave.		
	Street		
	Cobleskill	NY	12043
	City	State	Zip Code
Telephone # of Report Preparer:	518-234-4032	County: Schoharie	
E-mail Address:	mummentheyc@crcls.k12.ny.us		
Project Funding Dates:	3/13/2020 Start	9/30/2024 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			\$210,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Teachers - 40 courses for 40 hours/summer x 3 summers at \$40/hr	3.555555	\$54,000	\$192,000
Teacher Leader - 1 for 150 hours/summer x 3 summers at \$40/hr	0.333333	\$54,000	\$18,000
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
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			\$0
			\$0
			\$0
			\$0

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$12,150
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Office Clerk - 1 for 120 hours/summer x 3 summers at \$15.00/hour	0.266667	\$20,250.00	\$5,400
Educational Aide - 1 for 150 hours/summer x 3 summers at \$15.00/hour	0.366300	\$18,427.50	\$6,750

PURCHASED SERVICES			
Subtotal - Code 40			\$1,800
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
ZooMobile Programs	Utica Zoo	3 visits per summer x 3 summers x \$200 per visit	\$1,800

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$15,000
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Materials & Supplies - 40 courses x \$125 per course x 3 summers	120.00	\$125.00	\$15,000
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0

TRAVEL EXPENSES			
			Subtotal - Code 46
			\$5,400
Position of Traveler	Destination and Purpose	Calculation of Cost	Proposed Expenditures
Summer program students & staff	Field Trips - Iroquois Museum, Howe Caverns, Old Stone Fort, etc.	300 pupils x \$6 per pupil x 3 summers	\$5,400

Employee Benefits		
Subtotal - Code 80		\$40,171
Benefit		Proposed Expenditure
Social Security		\$16,994
Retirement	New York State Teachers	\$20,580
	New York State Employees	\$1,993
	Other - Pension	
Health Insurance		
Worker's Compensation		\$604
Unemployment Insurance		
Other(Identify)		

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$210,000
Support Staff Salaries	16	\$12,150
Purchased Services	40	\$1,800
Supplies and Materials	45	\$15,000
Travel Expenses	46	\$5,400
Employee Benefits	80	\$40,171
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$284,521

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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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).

1/3/22 _____
 Date Signature

Carl J. Mummenthey, Superintendent
Name and Title of Chief Administrative Officer