

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 Information**

<b>Funding Source:</b>	CARES ACT: GEER Funding		
<b>Report Prepared By:</b>	Brian Tousignant, SBE		
<b>Agency Name:</b>	Northern Adirondack CSD		
<b>Mailing Address:</b>	P.O. Box 164		
	Street		
	Ellenburg Depot	NY	12935-0164
	City	State	Zip Code
<b>Telephone # of Report Preparer:</b>	518-594-3986 x2600	<b>County:</b>	Clinton
<b>E-mail Address:</b>	btousignant@nacs1.org		
<b>Project Funding Dates:</b>	03/13/2020	09/30/2022	
	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/>.



SALARIES FOR PROFESSIONAL STAFF			
Subtotal - Code 15			\$34,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
ES - Remote Learning Teacher	0.85 FTE	\$40,000	\$34,000



Employee Benefits		
Subtotal - Code 80		\$5,444
Benefit		Proposed Expenditure
Social Security		\$2,601
Retirement	New York State Teachers	\$2,843
	New York State Employees	
	Other - Pension	
Health Insurance		
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		



**BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$34,000
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$5,444
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$39,444

**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).*

/ /

Date

Signature

**Name and Title of Chief Administrative Officer**Agency Code: **090901040000**Project #: **5895-21-xxxx**

Contract #:

Agency Name: **Northern Adirondack CSD****FOR DEPARTMENT USE ONLY**

Funding Dates: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Program Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**Fiscal Year****First Payment****Line #**

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Voucher #

First Payment





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

Approved \_\_\_\_\_

MIR \_\_\_\_\_

