

SUPPLIES AND MATERIALS

Subtotal - Code 45			\$17,366
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Mask with clear shields for staff	105.00	\$8.26	\$868
Face shields for staff	48.00	\$3.94	\$190
Water Bottles for students	700.00	\$1.63	\$1,140
Laminator for signage	1.00	\$2,106.00	\$1,980
Automatic Hand Sanitizer Touchless Motion Sensor Free Standing Machine	8.00	\$220.00	\$1,760
Face shields for speech pathologists	2.00	\$25.00	\$50
Sneeze Guards for speech pathologists	6.00	\$40.00	\$240
Partitions for students - social distancing	61.00	\$135.00	\$8,230
Air Purifier	1.00	\$600.00	\$600
Monitors	2.00	\$70.00	\$140
Face Coverings for students	475.00	\$3.31	\$1,571
Materials and supplies for private school students attending Gilead School of the Discipleship. 4 students in attendance at \$83.35 per pupil for a total of \$333.41. This is the only participating Non-Public School in our Title I attendance area.	4.00	\$83.35	\$333
Lamination supplies for signage	1.00	\$264.00	\$264

Employee Benefits

Subtotal - Code 80		
Benefit		Proposed Expenditure
Social Security		
Retirement	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) **Manual Entry	
B.	Approved Restricted Indirect Cost Rate	
C.	Subtotal - Code 90	

For your information, maximum direct cost base = \$19,366.00

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.

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	16	
Purchased Services	40	\$2,000
Supplies and Materials	45	\$17,366
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	\$6,240
Minor Remodeling	30	
Equipment	20	
Grand Total		\$25,606

Agency Code:	241101040000
Project #:	5895-21-1270
Contract #:	
Agency Name:	Dalton-Nunda (Keshequa) CSD

<u>FOR DEPARTMENT USE ONLY</u>		
Funding Dates:	_____ From _____	_____ To _____
Program Approval:	_____	Date: _____
Fiscal Year	First Payment	Line #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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).

3/16/21 _____

Date
Signature

Thomas K. Kopp, Superintendent

Name and Title of Chief Administrative Officer

Finance: Logged _____ Approved _____ MIR _____