

= Required Field

Local Agency Information			
Funding Source:	GEER 2		
Report Prepared By:	Ami Hunt		
Agency Name:	Dalton-Nunda(Keshequa) Central School		
Mailing Address:	13 Mill Street		
	Street		
	Nunda	NY	14517
	City	State	Zip Code
Telephone # of Report Preparer:	585-468-2900ext6100	County: Livingston	
E-mail Address:	ahunt@keshequa.org		
Project Funding Dates:	7/1/2021 Start	9/30/2023 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/>.

PURCHASED SERVICES WITH BOCES			
Subtotal - Code 49			\$4,477
Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
Edutech WIFI Hotspot service management fee	Wayne Fingerlakes(Edutech) BOCES	\$2557 per year annual fee	\$2,557
4 hotspots to be available for students who lack connectivity at home.	Wayne Fingerlakes(Edutech) BOCES	\$480 per device yearly fee	\$1,920

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BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	\$4,477
Minor Remodeling	30	
Equipment	20	
Grand Total		\$4,477

Agency Code:	241101040000
Project #:	5896-21-1270
Contract #:	
Agency Name:	Dalton-Nunda (Keshequa) Central School

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).

5/26/21 _____

Date Signature

Thomas K. Kopp, Superintendent

Name and Title of Chief Administrative Officer