

= Required Field

Local Agency Information			
Funding Source:	ARP-ESSER		
Report Prepared By:	Jennifer L. Joyce		
Agency Name:	Andover Central School		
Mailing Address:	31-35 Elm Street		
	Street		
	Andover	NY	14806
	City	State	Zip Code
Telephone # of Report Preparer:	607-478-8491 ext. 224	County: Allegany	
E-mail Address:	jjoyce@andovercsd.org		
Project Funding Dates:	3/13/2020 Start	9/30/2024 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			\$114,811
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
AIS Teacher 2021-22	1.00	\$53,768	\$53,768
AIS Teacher 2022-23	1.00	\$54,856	\$54,856
Portion of AIS Teacher 2023-24 Salary	0.116	\$53,259	\$6,187

PURCHASED SERVICES			
Subtotal - Code 40			\$552,596
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Outdoor Classroom Construction	Clark Patterson Lee	\$552,596.00	\$552,596

Employee Benefits		
Subtotal - Code 80		\$23,338
Benefit		Proposed Expenditure
Social Security		\$8,309
Retirement	New York State Teachers	\$11,029
	New York State Employees	
	Other - Pension	
Health Insurance		\$4,000
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$114,811
Support Staff Salaries	16	
Purchased Services	40	\$552,596
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$23,338
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$690,745

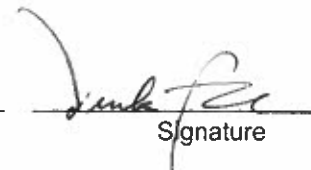
Agency Code:

Project #:

Contract #:

Agency Name:

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).

11/15/21 
 Date Signature

Derek Schuetlein Ed.D.
 Name and Title of Chief Administrative Officer
 Superintendent

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

<u>Fiscal Year</u>	<u>First Payment</u>	<u>Line #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
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Voucher # _____ First Payment _____

Finance: Logged _____ Approved _____ MIR _____