

= Required Field

<b>Local Agency Information</b>			
<b>Funding Source:</b>	<span style="background-color: #d9ead3; border: 1px solid black;">ARP-ESSER 1%-Summer Enrichment</span>		
<b>Report Prepared By:</b>	<span style="background-color: #d9ead3; border: 1px solid black;">Jennifer Joyce</span>		
<b>Agency Name:</b>	<span style="background-color: #d9ead3; border: 1px solid black;">Andover Central School</span>		
<b>Mailing Address:</b>	<span style="background-color: #d9ead3; border: 1px solid black;">31-35 Elm Street</span>		
	<span style="background-color: #d9ead3; border: 1px solid black;">Street</span>		
	<span style="background-color: #d9ead3; border: 1px solid black;">Andover</span>	<span style="background-color: #d9ead3; border: 1px solid black;">NY</span>	<span style="background-color: #d9ead3; border: 1px solid black;">14806</span>
	<span style="background-color: #d9ead3; border: 1px solid black;">City</span>	<span style="background-color: #d9ead3; border: 1px solid black;">State</span>	<span style="background-color: #d9ead3; border: 1px solid black;">Zip Code</span>
<b>Telephone # of Report Preparer:</b>	<span style="background-color: #d9ead3; border: 1px solid black;">607-478-8491</span>	<b>County:</b> <span style="background-color: #d9ead3; border: 1px solid black;">Allegany</span>	
<b>E-mail Address:</b>	<span style="background-color: #d9ead3; border: 1px solid black;"><a href="mailto:jjoyce@andovercsd.org">jjoyce@andovercsd.org</a></span>		
<b>Project Funding Dates:</b>	<u>3/13/2020</u> Start	<u>9/30/2024</u> 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			\$13,560
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Summer SCUBA Advisor Stipend			\$6,000
Summer Garden Club Advisor Stipend			\$6,000
SCUBA Curriculum Writing - 40 hours @ \$26/hr.			\$1,040
Garden Curriculum Writing - 20 hours @ \$26/hr			\$520

PURCHASED SERVICES			
Subtotal - Code 40			\$21,000
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
SCUBA Certification	SCUBA Pro Buffalo	10 students @ \$700 for 3 summers	\$21,000

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$55,442
Description of Item	Quantity	Unit Cost	Proposed Expenditure
SCUBA Sets	10.00	\$3,000.00	\$30,000
SCUBA Gear Replacement Parts - allocation for Summer #2 and #3 of program			\$4,000
Irrigation System	1.00	\$4,000.00	\$4,000
Gardening Tools			\$700
Compost System			\$1,000
Lumber			\$9,000
Top Soil			\$5,000
Misc. Gardening Supplies (Seeds, plants, pots, etc...)			\$1,742

EQUIPMENT			
Subtotal - Code 20			\$10,000
Description of Item	Quantity	Unit Cost	Proposed Expenditure
High Tunnel	1.00	\$10,000.00	\$10,000

**BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$13,560
Support Staff Salaries	16	
Purchased Services	40	\$21,000
Supplies and Materials	45	\$55,442
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	\$10,000
Grand Total		\$100,002

Agency Code: **020601040000**

Project #: **5882-21-0080**

Contract #: \_\_\_\_\_

Agency Name: **Andover Central School**

**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	

**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).*

12 / 29 / 21 \_\_\_\_\_  
 Date Signature

Derek Schuelein, Ed. D., Superintendent

**Name and Title of Chief Administrative Officer**