

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>	ARP-ESSER 1% STATE LEVEL RESERVE SUMMER ENRICHMENT	
<b>Report Prepared By:</b>	JOHN PERRY	
<b>Agency Name:</b>	FORESTVILLE CENTRAL SCHOOL DISTRICT	
<b>Mailing Address:</b>	12 WATER STREET	
	Street	
	FORESTVILLE	NY 14062
	City	State Zip Code
<b>Telephone # of Report Preparer:</b>	716-965-6533	<b>County:</b> CHAUTAUQUA
<b>E-mail Address:</b>	JPERRY@FORESTVILLE.COM	
<b>Project Funding Dates:</b>	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			\$52,002
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
SUMMER SCHOOL TEACHERS	\$27 per hour	1926 Hours	\$52,002

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$25,344
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
BUS DRIVER	\$22 per hour	1152 Hours	\$25,344

Employee Benefits		
Subtotal - Code 80		\$22,656
Benefit		Proposed Expenditure
Social Security @ 7.65%		\$5,917
Retirement	New York State Teachers	\$5,200
	New York State Employees	\$3,802
	Other - Pension	
Health Insurance		\$6,737
Worker's Compensation		\$1,000
Unemployment Insurance		
Other(Identify)		

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The University of the State of New York  
THE STATE EDUCATION DEPARTMENT

PROPOSED AMENDMENT FOR A  
FEDERAL OR STATE PROJECT  
FS-10-A (03/15)

☐ = Required Field

Agency Name:	FORESTVILLE CSD	CHAUTAUQUA
Mailing Address:	12 WATER STREET	County
	FORESTVILLE NY 14062	

Agency Code: 061503040000

Project Number: 5882-21-0370

Amendment #: 001

Contract #:

Contact Person: KEERRIE PELLETER

Tel: 716-965-6533

E-mail Address: KPELLETTER@FORESTVILLE.COM

## INSTRUCTIONS

- Submit the original and two copies directly to the same State Education Department office where budget was mailed. DO NOT submit this form to Grants Finance.
- This form need only be submitted for budget changes that require prior approval as follows:
  - Personnel positions, number and type
  - Equipment items having a unit value of \$5,000 or more, number and type
  - Minor remodeling
  - Any increase in a budget subtotal (professional salaries, purchased services, travel, etc.) by more than 10 percent or \$1,000, whichever is greater
  - Any increase in the total budget amount.
- Amendment # at top of this page must be completed.
- If extra room is needed for explanations, expand the rows using the row breaks on the left.
- Do not use the FS-10-A for requesting a project extension.

### CHIEF ADMINISTRATOR'S CERTIFICATION

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, & accurate, & the expenditures, disbursements, & cash receipts are for the purposes & objectives set forth in the terms & 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: 6/29/2022

Signature: *Rene Garoff*

### FOR DEPARTMENT USE ONLY

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

Date: \_\_\_\_\_

Finance: ☐

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Logged

Approved

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10, Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 - Professional Salaries			
16 - Support Staff Salaries			
40 - Purchased Services			
45 - Supplies & Materials	REALLOCATE HEALTH INSURANCE TO MATERIALS & SUPPLIES	\$6,739	
46 - Travel Expenses			
80 - Employee Benefits	REALLOCATE HEALTH INSURANCE TO MATERIALS & SUPPLIES		\$6,739
90 - Indirect Cost			
49 - Boces Services			
30 - Minor Remodeling			
20 - Equipment			
ENTER BUDGET >	Total Increase or Decrease:	(+) \$ 6,739	(-) \$ 6,739
	Net Increase or Decrease:	\$ 0	
	Previous Budget Total:	\$ 100,002	



Proposed Amended Total:	\$	100,002
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