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

Funding Source:	ARP - ESSER - 1% - Summer
Report Prepared By:	Jeff Lawrence
Agency Name:	Moravia Central School District
Mailing Address:	68 S. Main Street
	Street
	avia Central School Di NY 13118
	City State Zip Code

Telephone # of Report Preparer:	315-497-2670 x 2006	**County:** Cayuga
E-mail Address:	jlawrence@moraviaschool.org	

Project Funding Dates: 3/13/2020   9/30/2024
                            Start   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	$134,400
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Academic Workshop Instructors - Year 1	1400 hours	$32	$44,800
Academic Workshop Instructors - Year 2	1400 hours	$32	$44,800
Academic Workshop Instructors - Year 3	1400 hours	$32	$44,800

SUPPLIES AND MATERIALS

		Subtotal - Code 45	$15,481
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Equipment/Purchases for Enrichment Activities - Year 1 - I.e. 10 x $250 Drones, $1,000 for lumber, nails, and other building materials, and 10 x $300 LED microscopes	1.00	$5,161.00	$5,161
Equipment/Purchases for Enrichment Activities - Year 2 - I.e. 10 x $300 mechanical parts used for building robots, $1,000 for field trip costs, and 20 x $100 kits to study algae in lake water	1.00	$5,160.00	$5,160
Equipment/Purchases for Enrichment Activities - Year 3 - I.e. 25 x $100 supplies for cultivating garden/crops, 25 x $50 materials to make fish traps, and 10 x $125 for materials to make solar model cars	1.00	$5,160.00	$5,160

Employee Benefits		
Subtotal - Code 80		$23,722
Benefit		**Proposed Expenditure**
Social Security		$10,282
Retirement	New York State Teachers	$13,440
	New York State Employees	
	Other - Pension	
Health Insurance		
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	$134,400
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	$15,481
Travel Expenses	46	
Employee Benefits	80	$23,722
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		$173,603

Agency Code: **051301040000**

Project #: **5882-21-0305**

Contract #:

Agency Name: Moravia Central School District

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).

2/14/2022
Date   Signature

John P. Birmingham Superintendent
Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLY

Funding Dates: _____ _____
                From   To

Program Approval: _____ Date: _____

Fiscal Year	First Payment	Line #

Voucher #   First Payment