

= Required Field

Local Agency Information		
Funding Source:	ARP HCY Part II	
Report Prepared By:	Donna Runner	
Agency Name:	Mexico Central School District	
Mailing Address:	16 Fravor Road	
	Street	
	Mexico	13114
	City	Zip Code
Telephone # of Report Preparer:	(315) 963-8400	County: Oswego
E-mail Address:	drunner@mexicocsd.org	
Project Funding Dates:	3/13/2020 Start	9/30/2024 End

INSTRUCTIONS
<ul style="list-style-type: none"> ● 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
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
			\$0

SALARIES FOR SUPPORT STAFF			
			Subtotal - Code 16
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
			\$0

SALARIES FOR SUPPORT STAFF			
			Subtotal - Code 16
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
			\$0

PURCHASED SERVICES			
Subtotal - Code 40			\$2,670
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Transportation to appointments up to 2000 miles. We will vett the drivers	Local Taxi, bus or Uber services or district provided	.585 per mile	\$1,170
Haircuts/styles	Ye Olde Hair Shoppe and other community salons	\$25.00	\$1,500

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$16,560
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Personal hygiene items: tampons, maxi pads, deodorant, shampoo, toothpaste etc.	512.00	\$5.00	\$2,560
Backpacks	50.00	\$25.00	\$1,250
Dollar General Store Cards-these cards will be purchased to give to students to purchase personal care items and school supplies.	50.00	\$50.00	\$2,500
Tops Grocery Store Cards-these cards will be purchased to give to students to purchase food for the evenings and weekends as well as snacks.	50.00	\$50.00	\$2,500
Aldi Grocery Store Cards-these cards will be purchased to give to students to purchase food for the evenings and weekends as well as snacks.	50.00	\$50.00	\$2,500
Price Chopper Grocery Store Cards-these cards will be purchased to give to students to purchase food for the evenings and weekends as well as snacks.	50.00	\$50.00	\$2,500
Fast Trac Gas Store Cards-these will be purchased to give to families for gas to travel to appointments for school and health.	110.00	\$25.00	\$2,750

TRAVEL EXPENSES			
			Subtotal - Code 46
Position of Traveler	Destination and Purpose	Calculation of Cost	Proposed Expenditures
			\$0

Employee Benefits		
		Subtotal - Code 80
Benefit		Proposed Expenditure
Social Security		
Retirement	New York State Teachers	
	New York State Employees	
	Other - Pension	
Health Insurance		
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

INDIRECT COST		
A.	Modified Direct Cost Base -- Sum of all preceding subtotals(codes 15, 16, 40, 45, 46, and 80 and excludes the portion of each subcontract exceeding \$25,000 and any flow through funds) **Manual Entry	
B.	Approved Restricted Indirect Cost Rate	
C.	Subtotal - Code 90	

For your information, maximum direct cost base = \$19,230.00

To calculate Modified Direct Cost Base, reduce maximum direct cost base by the portion of each subcontract exceeding \$25,000 and any flow through funds.

PURCHASED SERVICES WITH BOCES			
			Subtotal - Code 49
Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
			\$0

MINOR REMODELING		
		Subtotal - Code 30
Description of Work to be Performed	Calculation of Cost	Proposed Expenditure
		\$0

EQUIPMENT			
			Subtotal - Code 20
Description of Item	Quantity	Unit Cost	Proposed Expenditure
			\$0

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	16	
Purchased Services	40	\$2,670
Supplies and Materials	45	\$16,560
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$19,230

Agency Code:

Project #:

Contract #:

Agency Name:

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

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).

5/16/22 Donna Runner
 Date Signature

Donna Runner, Superintendent
Name and Title of Chief Administrative Officer

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