

= Required Field

Local Agency Information		
Funding Source:	ARP Homeless Children and Youth Part 1	
Report Prepared By:	Donna Runner	
Agency Name:	Mexico Academy & Central Schools	
Mailing Address:	16 Fravor Road	
	Street	
	Mexico	NY
	City	State
		13114
		Zip Code
Telephone # of Report Preparer:	315-963-8400	County: Oswego
E-mail Address:	drunner@mexicocsd.org	
Project Funding Dates:	3/13/2020	30-Sep-24
	Start	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

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

PURCHASED SERVICES			
Subtotal - Code 40			\$4,625
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Comprehensive Vision Examination for 35 students	Eyecare Center of Mexico	\$75.00	\$2,625
Eyeglasses for 16 students	Eyecare Center of Mexico	\$125.00	\$2,000

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$43
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Deodorant	43.00	\$1.00	\$43

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

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 = \$4,668.00

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

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

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

