

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:** GEER funding

**Report Prepared By:** Carolyn Oliveri

**Agency Name:** Wilson Central School District

**Mailing Address:** 374 Lake St

Street

Wilson

NY

14172

City

State

Zip Code

**Telephone # of**

**Report Preparer:** (716) 751-9341, ext 121

**County:**

Niagara

**E-mail Address:** coliveri@wilsoncsd.org

**Project Funding Dates:** 3/13/2020

9/30/2022

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/>.

PURCHASED SERVICES			
Subtotal - Code 40			\$27,275
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Chid care for Essential Workers	Jill's Play Yard, Wilson, NY		\$27,275

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$884
Description of Item	Quantity	Unit Cost	Proposed Expenditure
BOOM cards-interactive lessons -for the Summit Center <i>ARC</i>			\$295
Promethean SmartBoard( portion of it). For St. Peter's R.C	1.00	\$3,199.00	\$442
Laptop computers (along with ESSER funding). For The <del>ARC</del> <i>Summit</i>	1.00	\$290.00	\$147

**BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	16	
Purchased Services	40	\$27,275
Supplies and Materials	45	\$884
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$28,159

Agency Code:

401501060000

Project #:

5895211990

Contract #:

Agency Name:

Wilson Central School District

**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).

2 18 120

Date



Signature

Timothy P. Carter, Superintendent of Schools  
 Name and Title of Chief Administrative Officer

**Fiscal Year****First Payment****Line #**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Voucher #

First Payment

Finance: Logged \_\_\_\_\_

Approved \_\_\_\_\_

MIR \_\_\_\_\_