

= Required Field

| Local Agency Information | | | |
|--|--|------------------------|----------|
| Funding Source: | ARP Comprehensive After School | | |
| Report Prepared By: | Peter F. Young | | |
| Agency Name: | Newfane Central School District | | |
| Mailing Address: | 6273 Charlotteville Road | | |
| | Street | | |
| | Newfane | New York | 14108 |
| | City | State | Zip Code |
| Telephone # of Report Preparer: | 716-778-6462 | County: Niagara | |
| E-mail Address: | pyoung@newfanecentralschools.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 |

| SALARIES FOR SUPPORT STAFF | | | |
|----------------------------|----------------------|------------------------|--------------------|
| | | | Subtotal - Code 16 |
| Specific Position Title | Full-Time Equivalent | Annualized Rate of Pay | Project Salary |
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| PURCHASED SERVICES | | | |
|--|----------------------|---------------------------------------|----------------------|
| Subtotal - Code 40 | | | \$100,002 |
| Description of Item | Provider of Services | Calculation of Cost | Proposed Expenditure |
| (15) After School Enrichment Program 2022-2023 | Sylvan Learning | \$1,000 per student x 100 children | \$100,002 |
| | | | |
| | | | |
| | | | |

| SUPPLIES AND MATERIALS | | | |
|------------------------|----------|-----------|----------------------|
| Subtotal - Code 45 | | | |
| Description of Item | Quantity | Unit Cost | Proposed Expenditure |
| | | | |

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

| 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) | |
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| 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 = \$100,002.00

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 |
| | | | |
| | | | |
| | | | |

BUDGET SUMMARY

| SUBTOTAL | CODE | PROJECT COSTS |
|------------------------|------|---------------|
| Professional Salaries | 15 | |
| Support Staff Salaries | 16 | |
| Purchased Services | 40 | \$100,002 |
| Supplies and Materials | 45 | |
| Travel Expenses | 46 | |
| Employee Benefits | 80 | |
| Indirect Cost | 90 | |
| BOCES Services | 49 | |
| Minor Remodeling | 30 | |
| Equipment | 20 | |
| Grand Total | | \$100,002 |

Agency Code:

Project #:

Contract #:

Agency Name:

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

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

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).

11/16/21 _____
Date Signature

Michael Bowman, Superintendent
Name and Title of Chief Administrative Officer

Finance: Logged _____

Approved _____

MIR _____