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

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Report Prepared By:	Jamie Phillips		
Agency Name:	Lancaster Central School District		
Mailing Address:			
Hall a	Street		
	Lancaster	NY	14086
	City	State	Zip Code
Telephone # of Report Preparer: 716-686-	3212	County: E	:rie
E-mail Address: jphillips@	lancasterschools.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 F	OR PROFESSION	ONAL STAFF	
(6) (6) (6)		Subtotal - Code 15	\$100,002
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Afterschool Reading bootcamp (hourly), ARP 15	3786.52 hours	\$26.41/hour	\$100,002
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BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS	
Professional Salaries	15	\$100,002	
Support Staff Salaries	16		
Purchased Services	40		
Supplies and Materials	45		
Travel Expenses	46		
Employee Benefits	80		
Indirect Cost	90		
BOCES Services	49		
Minor Remodeling	30		
Equipment	20		
Gran	\$100,002		
CHIEF ADMINISTRATOR'S CERTIFICATION			

Project #: 5883-21-0825 Contract #:	Agency Code:	141901060000
	Project #:	5883-21-0825
	Contract #:	
	Agency Name:	Lancaster Central School District

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).

Date

Signature

Michael J. Vallely, Superintendent

Name and Title of Chief Administrative Officer

11:40 AM

FOR DEPARTMENT USE ONLY				
Funding Dates: _	From	То		
Program Approval:	Date:			
<u>Fiscal Year</u>	First Payment	Line #		
		- , <u></u>		
Voucher #	First	Payment		

Finance:	Logged	Approved	MIR	
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