

**Local Agency Information**

Funding Source: ESSER 5890-21-2405

Report Prepared By: Matthew Sheldon

Agency Name: Morris Central School

Mailing Address: 65 Main Street

		Street	
<u>Morris</u>	<u>NY</u>	<u>13808</u>	
City	State	Zip Code	

Telephone #: 607-263-6102

County: Otsego

E-Mail Address: msheldon@morriscsd.org

Project Operation Dates: March 13, 2020  
Start

September 30, 2022  
End

**INSTRUCTIONS**

- ❖ Submit the original 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 the Grants Finance.
- ❖ Enter whole dollar amounts only.
- ❖ Prior approval by means of an approved budget (FS-10) or budget amendment (FS-10-A) is required for:
  - Personnel positions, number and type
  - Equipment items having a unit value of \$5,000 or more, number and type
  - Minor remodeling
  - Any increase in a budget subtotal (professional salaries, purchased services, travel, etc.) by more than 10 percent or \$1,000, whichever is greater
  - Any increase in the total budget amount.
- ❖ Certification on page 8 must be signed by Chief Administrative Officer or properly authorized designee.
- ❖ High quality computer generated reproductions of this form may be used.
- ❖ For further information on budgeting, please refer to the Fiscal Guidelines for Federal and State Aided Grants which may be accessed at [www.oms.nysed.gov/cafe/](http://www.oms.nysed.gov/cafe/) or call Grants Finance at (518) 474-4815.

**SALARIES FOR PROFESSIONAL STAFF: Code 15**

Include only staff that are employees of the agency. Do not include consultants or per diem staff. Do not include central administrative staff that are considered to be indirect costs, e.g., business office staff. One full-time equivalent (FTE) equals one person working an entire week each week of the project. Express partial FTE's in decimals, e.g., a teacher working one day per week equals .2 FTE.

Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Social Studies/English	.5	\$42,990	\$21,495
Elem. Teacher (3 <sup>rd</sup> )	.5	\$40,268	\$20,134
Subtotal - Code 15			\$41,629

**SALARIES FOR SUPPORT STAFF: Code 16**

Include salaries for teacher aides, secretarial and clerical assistance, and for personnel in pupil transportation and building operation and maintenance. Do not include central administrative staff that are considered to be indirect costs, e.g., account clerks.

Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Maintenance (Cleaner)	.5	\$26,000	\$13,000
Teacher Aide	.5	\$15,438	\$7,719
Subtotal - Code 16			\$20,719

**PURCHASED SERVICES: Code 40**

Include consultants (indicate per diem rate), rentals, tuition, and other contractual services. Copies of contracts may be requested by the State Education Department. Purchased Services from a BOCES, if other than applicant agency, should be budgeted under Purchased Services with BOCES, Code 49.

Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
XXX			
Subtotal - Code 40			\$0

**SUPPLIES AND MATERIALS: Code 45**

Beginning with the 2005-06 year include computer software, library books and equipment items under \$5,000 per unit.

For earlier years include computer software, library books and equipment items under 1,000 per unit.

Description of Item	Quantity	Unit Cost	Proposed Expenditure
-13 inch MacBook Air	1	\$1,079	\$976
Subtotal - Code 45			\$976



# BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$41,629
Support Staff Salaries	16	\$20,719
Purchased Services	40	\$0
Supplies and Materials	45	\$976
Travel Expenses	46	\$0
Employee Benefits	80	\$3,534
Indirect Cost	90	\$0
BOCES Services	49	\$0
Minor Remodeling	30	\$0
Equipment	20	\$0
<b>Grand Total</b>		<b>\$66,858</b>

Agency Code:

Project #:  
(If pre-assigned)

Contract #:

Federal Employer ID #:  
(New non-municipal agencies only)

Agency Name: Morris Central School

**FOR DEPARTMENT USE ONLY**

Funding Dates: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_

Program Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Fiscal Year	Amount Budgeted	First Payment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Voucher #
First Payment

Finance:

Log
Approved
MIR

**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).*

12/02/2020 

Date Signature

**Matthew Sheldon, Superintendent**  
Name and Title of Chief Administrative Officer