

Local Agency Information

Funding Source: GEER 5895-21-2405

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/ 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
Teacher (12)	.07	\$150/day	\$1,800
Subtotal - Code 15			\$1,800

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
XXX			
Subtotal - Code 16			\$0

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
Adessa Cyber Track Web Cameras	30	\$39	\$1,170
Sneeze Guards	12	\$174	\$2,088
Intelligreen Temperature Scanners	2	\$3,000	\$6,000 ✓
Disinfectant	1	\$85	\$85
SNAP Parent Portal	1	\$188	\$188
Subtotal - Code 45			\$9,531

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$1,800
Support Staff Salaries	16	\$0
Purchased Services	40	\$0
Supplies and Materials	45	\$9,531
Travel Expenses	46	\$0
Employee Benefits	80	\$0
Indirect Cost	90	\$0
BOCES Services	49	\$0
Minor Remodeling	30	\$0
Equipment	20	\$0
Grand Total		\$11,331

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: _____

	<u>Fiscal Year</u>	<u>Amount Budgeted</u>	<u>First Payment</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

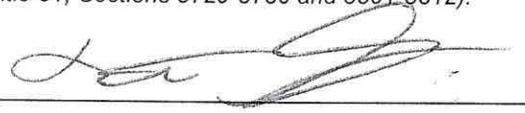
Voucher #
First Payment

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).

8/13/2020 

Date Signature

Matthew Sheldon, Superintendent
Name and Title of Chief Administrative Officer