

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:	ARP-ESSER Application: State Reserves, After \$		
Report Prepared By:	Mariah Kramer		
Agency Name:	Barker Central School District		
Mailing Address:	1628 Quaker Rd		
	Street		
	Barker	NY	14012
	City	State	Zip Code
Telephone # of Report Preparer:	716-795-3350	County:	Niagara
E-mail Address:	mkramer@barkercsd.net		
Project Funding Dates:	3/13/2020	30-Sep-25	
	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 FOR PROFESSIONAL STAFF			
Subtotal - Code 15			\$96,745
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
After School Tutor	8.00	30 weeks/year x 2 hours a day x \$35/hour x 3 days a week x 2 teachers x 2 subjects x 4 years	\$96,745

[illegible]

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$96,745
Support Staff Salaries	16	
Purchased Services	40	\$97,500
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$194,245

Agency Code:

401301040000

Project #:

5883-21-1985

Contract #:

Agency Name:

Barker 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).

12/14/2021

Date

Signature

Jacob Reimer, Superintendent

Name and Title of Chief Administrative Officer

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

Voucher #

First Payment

Finance: Logged _____ Approved _____ MIR _____