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-Homeless Children and Youth (HCY) Part II
Report Prepared By:	Ted Sill
Agency Name:	AuSable Valley Central School
Mailing Address:	1273 Rt 9N (Street)
	Clintonville (City) NY (State) 12924 (Zip Code)
Telephone # of Report Preparer:	518-834-2867
County:	Clinton
E-mail Address:	sill.ted@avcsk12.org
Project Funding Dates:	3/13/2020 (Start) 9/30/2024 (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	$2,945
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Social Worker	0.06	$52,801	$2,945

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	$2,945
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	
Grand Total		$2,945

Agency Code: **090201040000**

Project #: **5219-21-0475**

Contract #:

Agency Name: AuSable Valley Central School

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).

06/02/2023 _____
Date Signature

Michael Francia, Superintendent
Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To

Program Approval: _____ Date: _____

Fiscal Year	First Payment	Line #

Voucher # First Payment

Finance: Logged _____ Approved _____ MIR _____