

= Required Field

**Local Agency Information**

**Funding Source:** ARP ESSER 5% Reserve Fund-Learning Loss

**Report Prepared By:** Tiffany Turner

**Agency Name:** Baldwinsville Central School District

**Mailing Address:** 29 E. Oneida St

Street

Baldwinsville

NY

13027

City

State

Zip Code

**Telephone # of  
 Report Preparer:** 315-638-6060

**County:** Onondaga

**E-mail Address:** [tturner@bville.org](mailto:tturner@bville.org)

**Project Funding Dates:** 3/13/2020  
 Start

09/30/2024  
 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/>.



**BUDGET SUMMARY**

| SUBTOTAL               | CODE | PROJECT COSTS    |
|------------------------|------|------------------|
| Professional Salaries  | 15   | \$687,217        |
| Support Staff Salaries | 16   |                  |
| Purchased Services     | 40   |                  |
| Supplies and Materials | 45   |                  |
| Travel Expenses        | 46   | \$0              |
| Employee Benefits      | 80   |                  |
| Indirect Cost          | 90   | \$0              |
| BOCES Services         | 49   |                  |
| Minor Remodeling       | 30   | \$0              |
| Equipment              | 20   |                  |
| <b>Grand Total</b>     |      | <b>\$687,217</b> |

Agency Code:

Project #:

Contract #:

Agency Name:

**FOR DEPARTMENT USE ONLY**

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

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

| <u>Fiscal Year</u> | <u>First Payment</u> | <u>Line #</u> |
|--------------------|----------------------|---------------|
| _____              | _____                | _____         |
| _____              | _____                | _____         |
| _____              | _____                | _____         |
| _____              | _____                | _____         |
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| _____              | _____                | _____         |
| _____              | _____                | _____         |
| _____              | _____                | _____         |
| _____              | _____                | _____         |
| Voucher #          | First Payment        |               |

**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, 15, 2021 \_\_\_\_\_  
 Date Signature

**Jason D. Thomson, Superintendent**  
 Name and Title of Chief Administrative Officer

Finance: Logged \_\_\_\_\_ Approved \_\_\_\_\_ MIR \_\_\_\_\_

