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:	GEER Funds			
Report Prepared By:	Ashraf Allam			
Agency Name:	Agency Name: Little Falls CSD			
Mailing Address: 15 Petrie St.				
	Street			
	Little Falls	NY	13365	
	City	State	Zip Code	
Telephone # of Report Preparer: 315-823-	1470	County:	Herkimer	
E-mail Address: aallam@lfcsd.org				
Project Funding Dates: _	3/13/202 Start	0	9/30/2022 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/.

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$62,706
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Lenovo 100e Chromebook	150.00	\$242.00	\$36,300
HP 11A Chromebook	104.00	\$240.00	\$24,960
Screencastify Submit Software License	1.00	\$1,446.00	\$1,446

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	\$62,706
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$62,706

Agency Code:	210800050000
Project #:	5895-21-1125
Contract #:	
Agency Name:	Little Falls CSD

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).

11 23120	Muc		
Date	Signature		
TW I			

Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLY			
Funding Dates:	From	То	
Program Approval:	Date	:	
<u>Fiscal Year</u>	First Payment	Line #	
	<u>,</u>		
Vouchor#	— — — — — — — — — — — — — — — — — — —	Paymont	

Page 4 of 4

 Finance:
 Logged _____
 Approved _____
 MIR ______