

= Required Field

Local Agency Information			
Funding Source:	CRSSA ACT - Revised		
Report Prepared By:	Ashraf Allam		
Agency Name:	Little Falls CSD		
Mailing Address:	15 Petrie St.		
	Street		
	Little Falls	NY	13365
	City	State	Zip Code
Telephone # of Report Preparer:	3158231470	County: Herkimer	
E-mail Address:	aallam@lfcSD.org		
Project Funding Dates:	3/13/2020 Start	9/30/2023 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			\$579,924
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Social Workers	6.00	\$42,000	\$252,000
Academic Intervention Specialists	6.00	\$54,771	\$327,924

PURCHASED SERVICES			
Subtotal - Code 40			\$360,000
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
SEAL Program (3 Yrs)	Community Alliance	3 x 120,000	\$360,000

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$334,450
Description of Item	Quantity	Unit Cost	Proposed Expenditure
UV-C Disinfecting System for HVAC	10.00	\$5,125.40	\$51,252
Contactless Bottle Filler Stations to replace fountains	8.00	\$3,495.00	\$27,960
TI nspire Scientific Calculators for home use	100.00	\$144.00	\$14,400
Journeys K-6 Reading Intervention	1.00	\$60,000.00	\$60,000
Collections 7-12 Reading Intrevention	1.00	\$60,000.00	\$60,000
HMH Into Social Studies K-6	1.00	\$60,000.00	\$60,000
HMH Social Studies 7-12	1.00	\$60,000.00	\$60,000
Nitrile Gloves	20.00	\$15.00	\$300
Disinfecting Wipes	34.00	\$16.30	\$538

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$579,924
Support Staff Salaries	16	
Purchased Services	40	\$360,000
Supplies and Materials	45	\$334,450
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$1,274,374

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).

8/27/21 
 Date Signature

Keith Levatino, Superintendent
 Name and Title of Chief Administrative Officer

Finance: Logged _____ Approved _____ MIR _____