

= Required Field

Local Agency Information			
Funding Source:	<input type="text" value="GEER"/>	<input type="text"/>	
Report Prepared By:	<input type="text" value="Nick Pantaleone"/>		
Agency Name:	<input type="text" value="Port Jervis City School"/>		
Mailing Address:	<input type="text" value="9 Thompson Street"/>		
	<small>Street</small>		
	<input type="text" value="Port Jervis"/>	<input type="text" value="NY"/>	<input type="text" value="12771"/>
	<small>City</small>	<small>State</small>	<small>Zip Code</small>
Telephone # of Report Preparer:	<input type="text" value="845-858-3177"/>	County: <input type="text" value="Orange"/>	
E-mail Address:	<input type="text" value="npantaleone@pjschools.org"/>		
Project Funding Dates:	<u>3/13/2020</u> <small>Start</small>	<u>9/30/2022</u> <small>End</small>	

INSTRUCTIONS
<ul style="list-style-type: none"> 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			\$131,275
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Social Workers	2.00	\$131,275	\$131,275

PURCHASED SERVICES			
Subtotal - Code 40			\$147
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Purchase educational technology for student who is served by the LEA.		\$147.00	\$147

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$131,275
Support Staff Salaries	16	
Purchased Services	40	\$147
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$131,422

Agency Code: **441800050000**

Project #: _____

Contract #: _____

Agency Name: **Port Jervis City School District**

FOR DEPARTMENT USE ONLY


Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

<u>Fiscal Year</u>	<u>First Payment</u>	<u>Line #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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).

11/13/2020 

Date Signature

Mike Rydell, Superintendent

Name and Title of Chief Administrative Officer

Finance: Logged _____

Approved _____

MIR _____