

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**

|  |  |                         |
|--|--|-------------------------|
| <b>Funding Source:</b>                 | ARP - HCY Part II State Reserve                                |                         |
| <b>Report Prepared By:</b>             | Richard J. Hartwell  |                         |
| <b>Agency Name:</b>                    | Jordan-Elbridge Central School District                        |                         |
| <b>Mailing Address:</b>                | 9 North Chappell Street; PO BOX 902                            |                         |
|  | Street   |                         |
|  | Jordan   | NY 13080                |
|  | City   | State Zip Code          |
| <b>Telephone # of Report Preparer:</b> | 315-689-8500 x 5114  | <b>County:</b> Onondaga |
| <b>E-mail Address:</b>                 | <a href="mailto:rjhartwell@jecsd.org">rjhartwell@jecsd.org</a> |                         |
| <b>Project Funding Dates:</b>          | 03.13.2020   | 09.30.2024              |
|  | Start  | 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   |          |           | \$589                |
| Description of Item  | Quantity | Unit Cost | Proposed Expenditure |
| New clothing for a counseling "school store" that is culturally sensitive and meets the needs/tastes of homeless family/children who are migrant students. This will allow them to attend school, clubs, extra-curricular activities, athletic events without discrimination. For example, shirts, underwear, jeans, hoodies, gym bag, water bottles. Clothing will be purchased at a discount outlet store, such as Marshall's, to maximize the grant funding for needed items. | 31.00    | \$19.00   | \$589                |
|  |          |           |                      |
|  |          |           |                      |
|  |          |           |                      |

**BUDGET SUMMARY**

| SUBTOTAL               | CODE | PROJECT COSTS |
|------------------------|------|---------------|
| Professional Salaries  | 15   |               |
| Support Staff Salaries | 16   |               |
| Purchased Services     | 40   |               |
| Supplies and Materials | 45   | \$589         |
| Travel Expenses        | 46   |               |
| Employee Benefits      | 80   |               |
| Indirect Cost          | 90   |               |
| BOCES Services         | 49   |               |
| Minor Remodeling       | 30   |               |
| Equipment              | 20   |               |
| Grand Total            |      | \$589         |

Agency Code:

**420501060000**

Project #:

**5219-21-2105**

Contract #:

Agency Name:

**Jordan-Elbridge CSD****FOR DEPARTMENT USE ONLY**

Funding Dates:

From

To

Program Approval:

Date:

**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).

9/11/23

Date

Signature

James Froio - Superintendent

Name and Title of Chief Administrative Officer

**Fiscal Year****First Payment****Line #**

Voucher #

First Payment

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