The University of the State of New York THE STATE EDUCATION DEPARTMENT

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PROPOSED BUDGET FOR A FEDERAL OR STATE PROJECT FS-10 (03/15)

= Required Field

	Local Agen	cy informat	tion		
Funding Source:	CRRSA Act - GEER				
Report Prepared By:					
Agency Name:					
Malling Address:	44 School Drive	St	reet		-
	Central Square	NY		13036	
	City	State		Zip Code	
Telephone # of Report Preparer: 315-668-	4220	County:	Oswego		1
E-mail Address: miadd@c	ssdapps.org				
Project Funding Dates:	3/13/2020	כ	9/	30/2023	
	Start			End	-
	INSTR	UCTIONS			
 Submit the original FS- completed application indicated in the applica DO NOT submit this for 	directly to the approp ition instructions for th	riate State E ne grant prog	ducation Dep	artment office as	
 The Chief Administrate by the agency's Chief A 					
 An approved copy of the above. A window envelopment accurate and confined 	olope will be used; ple	ase make s	ure that the co	ontact information is	
 For Information on budgeting refer to the Fiscal Guidelines for Federal and State Aided Grants at http://www.oms.nysed.gov/cafe/guidance/. 					

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SUPP	LIES AND MATE	RIALS	
Subtotal - Code 45 \$74			
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Webcams	200.00	\$89.89	\$17,978
Wireless keyboards for Clear Touch	100.00	\$50.00	\$5,000
Video Camera	1.00	\$1,500.00	\$1,500
Power Towers	25.00	\$700.00	\$17,500
Art Room Printer	1.00	\$2,495.00	\$2,495
Complete Ink Sets - Art Room Printer	2.00	\$1,512.00	\$3,024
			\$0
Z-Space - 1/makerspace	6.00	\$1,500.00	\$9,000
Laptops	20.00	\$881.00	\$17,621

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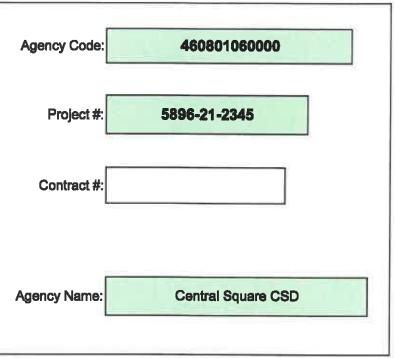
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EQUIPMENT				
		Subtotal - Code 20	\$5,000	
Description of Item	Quantity	Unit Cost	Proposed Expenditure	
Bigfoot - Wireless sound system	1.00	\$5,000.00	\$5,000	

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SUBTOTAL	CODE	PROJECT COSTS
Professional Salarles	15	
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	\$74,118
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	\$5,000
Grand Total		\$79,118

BUDGET SUMMARY



FOR DEPARTMENT USE ONLY			
Funding Dates:	From	To	
Program Approval:	Date:		
Fiscal Year	<u>First Payment</u>	Line #	
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).

812121 Date

Thomas J. Colabufo, SuperIntendent Name and Title of Chief Administrative Officer Page 5 of 5
Finance: Logged _____ Approved _____ MIR _____

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