

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

NOV 25 2020  
Office of Accountability

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

= Required Field

**Local Agency Information**

<b>Funding Source:</b>	Governor's Emergency Education Relief Funds	
<b>Report Prepared By:</b>	Karen Capozzi	
<b>Agency Name:</b>	Berlin Central School District	
<b>Mailing Address:</b>	PO Box 259	
	Street	
	Berlin	NY 12022
	City	State Zip Code
<b>Telephone # of Report Preparer:</b>	518-658-1500 x1020	<b>County:</b> Rensselaer
<b>E-mail Address:</b>	kcapozzi@berlincentral.org	
<b>Project Funding Dates:</b>	9/1/2020	8/31/2021
	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/>.

SALARIES FOR PROFESSIONAL STAFF			
Subtotal - Code 15			\$20,901
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Director of Curriculum, Instruction and Assessment	1.00	\$105,278	\$20,901

**BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$20,901
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$20,901

Agency Code:

Project #:

Contract #:

Agency Name:

**FOR DEPARTMENT USE ONLY**

Funding Dates: 3/13/20 From 9/30/22 To

Program Approval: A. MC Date: 2/17/21

**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).

11/23/20 Stephen Young, PhD  
Date Signature

Stephen Young, Superintendent  
Name and Title of Chief Administrative Officer

Fiscal Year	First Payment	Line #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
Voucher #	First Payment	

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