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

RECEIVED

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

NOV 2 5 2020

Office of Acsountap器Required Field

Local Agency Information					
Fundin	g Source:	Elementary and Secondary School Emergency F			
Report Pre	pared By:	Karen Capozzi			
Agency Name:		Berlin Central School District			
Mailing	Address:				
		Street			
		Berlin	NY	12022	
	Ĺ	City	State	Zip Code	
Telephone # of Report Preparer:		1500 x1020	County:	Rensselaer	-
E-mail Address:	kcapozzio	@berlincentral.org			
		9/1/2020 Start		8/31/2021 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	\$123,320	
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary	
Director of Curriculum, Instruction and Assessment	1.00	\$105,248.00	\$84,347	
Assistant Principal	1.00	\$75,000.00	\$38,973	

## **BUDGET SUMMARY**

CODE	PROJECT COSTS
15	\$123,320
16	
40	
45	
46	
80	
90	
49	
30	
20	
Grand Total	
	15 16 40 45 46 80 90 49 30 20

Agency Code:	490101040000
Project #:	5890-21-2470
Contract #:	•
Agency Name:	Berlin Central School District

## 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).

1/123120	Stepher Yourn, Phi)
Date	Signature

Name and Title of Chief Administrative Officer

FOR	DEPARTMENT USE O	NLY
Funding Dates:	3//3/2° 9	/30/22 To
Program Approval:	A. M. Da	te: <u>2/17/2/</u>
<u>Fiscal Year</u>	<u>First Payment</u>	<u>Line #</u>
Voucher	·# Fi	rst Payment

Approved . Finance: Logged \_\_\_

MIR