7022 2410 0000 9559 0132

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

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

/ Ma	letto NYSED 4/17/23	= Required Field		
Agency Name:	Middleburgh CSD	Schoha	гie	
Mailing Address:	291 Main Street	County		
	Middleburgh, NY 12122	· ·		
	Wildeburgh, WT 12122			
Agency Code:	541001040000	Amendment #: 002		
Project Number:	5883-21-2780	Amendment #:	002	
Contract #:				
Contact Person:	Mark Place	Tel: 518-8	327-3625	
E-mail Address:	mark.place@mcsdny.org			
INSTRUCTIONS Submit the original and two copies directly to the same State Education Department office where budget was mailed. DO NOT submit this form to Grants Finance. This form need only be submitted for budget changes that require prior approval as follows: Personnel positions, number and type Equipment items having a unit value of \$5,000 or more, number and type Minor remodeling Any increase in a budget subtotal (professional salaries, purchased services, travel, etc.) by more than 10 percent or \$1,000, whichever is greater Any increase in the total budget amount. Amendment # at top of this page must be completed. If extra room is needed for explanations, expand the rows using the row breaks on the left. Do not use the FS-10-A for requesting a project extension. CHIEF ADMINISTRATOR'S CERTIFICATION By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, & accurate, & the expenditures dispursements.				
expenditures, disbursements, & cash receipts are for the purposes& objectives set forth in the terms & 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 penaltiesfor fraud, false statements, false claims, or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).				
Date: 04 10 23 Signature:				
	FOR DEPARTMENT US	E ONLY		
Program Approval: _		Date:		
Finance:				

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)		AL (Provide same detail as required in SUBTOTAL		SUBTOTAL INCREASE		
15 - Professional Salaries	REDUCE "AFTERSCHOOL PROTEACHERS -12" BY \$60,000 (7.5 = \$60,000)			\$60,00			
16 - Support Staff Salaries							
40 - Purchased Services	ADD AFTERSCHOOL PROGRAM FROM 04/24/2023 THROUGH 06/23/2023 FOR 40 ELEMENTARY STUDENTS. VENDOR: SCHOHARIE RIVER CENTER		\$60,00	00			
45 - Supplies & Materials							
16 - Travel Expenses							
0 - Employee Benefits			<u></u>				
0 - Indirect Cost							
9 - Boces Services							
) - Mīnor Remodeling							
- Equipment							
	Total Increase or Decrease:	(+)\$	60,000	(-) \$	60,000		
	Net Increase or Decrease:	\$			0		
ENTER BUDGET >	Previous Budget Total:	\$			149,632		
	Proposed Amended Total:	\$		**	149,632		

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

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

		= Required Field		
Agency Name:	Middleburgh CSD	Schoha		
Mailing Address:	291 Main Street	Count	у	
_	Middleburgh, NY 12122			
Agency Code:	541001040000	Amendment #:	001	
Project Number:	5883-21-2780			
Contract #:				
Contact Person:	Mark Place	Tel: 518-	327-3625	
E-mail Address:	mark.place@mcsdny.org			
NOT submit this form to G This form need only be s Personnel positions, Equipment items hat Minor remodeling Any increase in a but \$1,000, whichever is g Any increase in the t Amendment # at top of the	two copies directly to the same State Educate irants Finance. submitted for budget changes that require property, number and type ving a unit value of \$5,000 or more, number adget subtotal (professional salaries, purchast preater	for approval as follows: and type ed services, travel, etc.) by m ow breaks on the left.		
By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, & accurate, & the expenditures, disbursements, & cash receipts are for the purposes& objectives set forth in the terms & 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 penaltiesfor fraud, false statements, false claims, or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).				
Date: _	10(1)9/10/2 Signat	are: //		
	FOR DEPARTMENT US	E ONLY		
Program Approval: _		Date:		
Finance:	Logged Approved			

7022 241/3000 9559 0767

SUBTOTAL	EXPLANATION (Provide same detail as required FS-10 Budget)	in	SUBTOTAL INCREASE	304/306/ 3 000/2004 (000/000/000)	BTOTAL CREASE
15 - Professional Salaries	Reduce "Afterschool Program Te salaries by \$5,390 to purchase m and supplies for programs	aterials			\$5,39
16 - Support Staff Salaries		м.			
40 - Purchased Services					
45 - Supplies & Materials	Move \$13,052 from Equipment line misclassified on original F\$10. Add for six (6) Xboxes for the e-Sports ro \$770 each Add \$993 for Sumi Enrichment Program supplies (1 at \$1 at \$315.86).	l \$4,620 oom, 6 at mer	\$18,44	2	
46 - Travel Expenses					100
80 - Employee Benefits					
0 - Indirect Cost					
9 - Boces Services					
0 - Minor Remodeling					
) - Equipment	Original items approved were impro classed as "equipment". Individual it were all less than \$5000. Move all I items to Supplies & Materials.	tems			\$13,052
	Total Increase or Decrease:	(+)\$	18,442	(-) \$	18,442
· 	Net Increase or Decrease:	\$	100 (100 (100 (100 (100 (100 (100 (100		ol
ENTER BUDGET >	Previous Budget Total:	\$			149,632
	Proposed Amended Total:	\$			149,632

	No. of the control of					/n
	CF121		GR	ANTS FINANCE		1
	ENTRY DATE 03/30)/22		T STATUS REPORT	RUN DATE	03/30/22
	PROJECT 588321	12780		SLR COMPREHENSIVE	AFTER SCHOOL	03/30/22
	SED CODE 541001	L040000		DLEBURGH CSD		
\	NYC DOC #					eren .
			BUDGET DE	TAIL INFORMATION		Same and
	PROF SALARY	15	126,000.00		03/13/20	
	NON PROF SALARY	16	9,180.00	END DATE	09/30/24	
	PURCH SERVICES	40	0.00	AMENDMENT #	, ,	
	SUPP & MATERIAL		1,400.00	CONTRACT #		
	TRAVEL EXPENSE	46	0.00	STOP DATE		
	EMP BENEFITS	80	0.00	REFUND CHECK #		
	INDIRECT COST	90	0.00	IND COST RATE	12.5	
	BOCES SERVICES	49	0.00	INT ELIG	N	
	REMODELING	30	0.00			
	EQU I PMENT	20	13,052.00			
	FUNDYEAR	DIID.	BUDGET SU	MMARY INFORMATION		
	588321	BUDGET	_	PAID TO DATE	OUTSTAI	NDING ENC
	588320	149	632.00	29,926.00	119	9,706.00
	588319		0.00	0.00		0.00
	200213		0.00	0.00	•	0.00
			0.00	0.00		0.00
	TOTAL	7.40	0.00	0.00		0.00
	TOTAL	149,	632.00	29,926.00	119	9,706.00
			LOG AND	CONTRACT DATES		
	RECEI	VED	ENTERED		APPROVED	
	BUDGET 03/23	/22	03/24/22	CONTRACT	110 4 110	
	INTERIM			· - · - · - · -		
	FINAL			•		*****
						San Landon

CASH DETAIL

AMOUNT FUNDYR MIR

29,926.00 588321 032322

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THIS BUDGET HAS BEEN PROCESSED BY THE NEW YORK STATE EDUCATION DEPARTMENT. THIS SUMMARY REPLACES THE SIGNED COPY.

ENTRY DOC # TRANS ENC RPT LINE

033022 568039F INIT 000 03/22 01

\$149,632

Page 1 of 7

5883-21-2780 ARP Afterschool

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

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

End

= Required Field **Local Agency Information** Funding Source: American Rescue Plan Act 2021 ESSER Report Prepared By: Agency Name: Middleburgh Central School District Mailing Address: 291 Main Street Street Middleburgh NY 12110 City State Zip Code Telephone # of County: Report Preparer: 518-827-3623 Schoharie E-mail Address: francis.rielly@mcsdny.org **Project Funding Dates:** 3/13/2020 9/30/2024

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.

Start

- 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 I	FOR PROFESSI	ONAL STAFF	
		Subtotal - Code 15	\$126,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Afterschool Coordinator 1 2yr position	2.00	\$15,000/year	\$30,000
Afterschool Programs teachers-12	12.00	\$8,000/year	\$96,000

	Subtotal - Code 16	\$9,180
Full-Time Equivalent	Annualized Rate of Pay	Project Salary
1.00	\$25*367.2 hrs	\$9,180
	Equivalent	

SUPPLIES AND MATERIALS				
		Subtotal - Code 45	\$1,400	
Description of Item	Quantity	Unit Cost	Proposed Expenditure	
Computer keyboard-gaming	6.00	\$100 each	\$600	
Computer mice	6.00	\$40each	\$240	
Headsets-computer	14.00	\$40 each	\$560	

	EQUIPMENT			
Subtotal - Code 20 \$1				
Description of Item	Quantity	Unit Cost	Proposed Expenditure	
Dell CTO 3450 PC's	6.00	1380.00 each	\$8,280	
Dell CTO 27inch monitors 4k	6.00	492.00 each	\$2,952	
Gaming Chairs	14.00	\$130.00 each	\$1,820	

BUDGET SUMMARY

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SUBTOTAL	CODE	PROJECT COSTS
rofessional Salaries	15	\$126,000
Support Staff Salaries	16	\$9,180
Purchased Services	40	
Supplies and Materials	45	\$1,400
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	\$13,052
Grand Total		\$149,632

Agency Code:	541001040000
Project #:	5883-21-2780
Contract #:	
Agency Name:	Middleburgh 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).

3 121/22	Brai P. Dunn
Date	Signature
Brian Dunn	Superintendent
Name and Title of C	hief Administrative Officer

FOR DEPARTMENT USE ONLY		
Funding Dates:	From	То
ogram Approval:	Date:	
Fiscal Year	First Payment	Line #
<u> </u>		
	1440	
Voucher#	First Payment	

3/21/2022