		FS-10-A	A (03/15)
		= Requir	red Field
Agency Name:	MIDDLEBURGH CENTRAL SCHOOL	_ DISTRICT S	SCHOHARIE VIII
Mailing Address:			County
	MIDDLEBURGH, NY 12		
		.70 0002 3433 519	== 7/1/1
Agency Code:	541001040000		
Project Number:	5884-21-2780	Amendm	ent #: 004
Contract #:			
Contact Person:	ROBYN BHEND, BUSINESS MANA	AGER Tel: (518) 827-3600 X3623
E-mail Address:	ROBYN.BHEND@MCSDN	r.org	
 This form need only be Personnel positions Equipment items has Minor remodeling Any increase in a b \$1,000, whichever is Any increase in the Amendment # at top of If extra room is needed 	two copies directly to the same State Grants Finance. submitted for budget changes that rest. number and type aving a unit value of \$5,000 or more, audget subtotal (professional salaries, greater total budget amount. this page must be completed. for explanations, expand the rows using for requesting a project extension.	quire prior approval as follow number and type purchased services, travel, e	s: tc.) by more than 10 percent or
Federal (or State) award. may subject me to crimina	CHIEF ADMINISTRATO Pertify to the best of my knowledge and Pents, & cash receipts are for the purpo I am aware that any false, fictitious, or al, civil, or administrative penalties for 1 D1 and Title 31, Sections 3729-3730 a	belief that the report is true, ses& objectives set forth in the fraudulent information, or the fraud, false statements, false	ne terms & conditions of the
Date:	7/7/2023	Signature:	Market
	FOR DEPARTME	NT USE ONLY	
Program Approval:			Date:
Finance:	Logged Appr	oved	

PROPOSED AMENDMENT FOR A

FEDERAL OR STATE PROJECT

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)		SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 - Professional Salaries	Move amount budgeted in the -160 to the -150 code for Summer 2023 MES Summer Enrichment Program (2 Teaching Assts, 20 hours @ \$25/hour each), \$1,000. Teaching Assistants are paid out of a professional salary code, not a support staff salary code.		\$1,000	
16 - Support Staff Salaries	Move amount budgeted in the -160 to the -150 code for Summer 2023 MES Summer Enrichment Program (2 Teaching Assts, 20 hours @ \$25/hour each), \$1,000. Teaching Assistants are paid out of a professional salary code, not a support staff salary code.			\$1,000
40 - Purchased Services				
45 - Supplies & Materials				
46 - Travel Expenses		A.		
80 - Employee Benefits				
90 - Indirect Cost				
49 - Boces Services				
30 - Minor Remodeling		TT(100.000.00)		
20 - Equipment				
	Total Increase or Decrease:	(+) \$	1,000	(-) \$ 1,000
TARREST AND THE STATE OF THE ST	Net Increase or Decrease:	\$		0
ENTER BUDGET >	Previous Budget Total:	\$		748,137
	Proposed Amended Total:	\$		748,137

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

		= Required Field
Agency Name:	Middleburgh CSD	Schoharie
Mailing Address:	291 Main Street	County
	Middleburgh, NY 12122	
Agency Code:	541001040000	
Project Number:	5884-21-2780	Amendment #: 003
Contract #:		
Contact Person:	Mark Place, Superintendent	Tel: 518-827-3625
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, 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 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).

FOR DEPARTMENT USE ONLY

Date: 06/22/2023 Signature: 3/42

Program Approval: Date: 7/5

JUL 0 7 2023

REDUCE TEACHER LEARNING LOSS STIPENDS BY \$250.320 (35.76 * 57.000 PER STIPEND (346.67HR 70.76 * 250.00 + 250.00) = 250.000 * 2	SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
ADD FOUR-WEEK, SUMMER ENRICHMENT PROGRAM FOR SUMMER 2024 FOR UP TO 60 K-6 STUDENTS: VENDOR: SCHOHARIE RIVER CENTER 45 - Supplies & Materials 46 - Travel Expenses REDUCE \$33,741 TO REFLECT UPDATED BENEFITS CALCULATIONS BASED ON ANTICIPATED ACTUAL PROFESSIONAL SALARIES TO BE EXPENSED. 90 - Indirect Cost 49 - Boces Services		\$250,320 (35.76 * \$7,000 PER STIPEND (\$46.67/HR *0.75 * 200 = \$7000) = \$250,320) [This takes the balance of the original budgeted amount for teacher stipends down to \$0 after all amendments and expenditures in the 2021-2022 school year. The teachers union voted down this stipend in June. 2022 [Million do not allow it to be expensed for this purpose in the 22-23 school year.] ADD \$34,000 FOR SUMMER 2024 CURRICULUM MAPPING PROFESSIONAL DEVELOPMENT (\$34/HOUR X 50 TEACHERS X 20 HOURS/TEACHER = \$34,000) ADD \$34,000 FOR SUMMER 2024 CURRICULUM MAPPING PROFESSIONAL DEVELOPMENT (\$34/HOUR X 50 TEACHERS X 20 HOURS/TEACHER = \$34,000) ADD \$34,000 FOR SUMMER 2024 CURRICULUM MAPPING PROFESSIONAL DEVELOPMENT (\$34/HOUR X 50 TEACHERS X 20 HOURS/TEACHER = \$34,000) ADD \$35,000 FOR SUMMER 2024 CURRICULUM MAPPING PROFESSIONAL DEVELOPMENT (\$34/HOURS/TEACHERS X 20 HOURS/TEACHER TO PROVIDE AIS WRITING INSTRUCTION AT THE K-6 LEVEL WHICH HAS BEEN IDENTIFIED AS AN AREA OF SPECIFIC		\$20,278
#0 - Purchased Services ENRICHMENT PROGRAM FOR SUMMER 2024 FOR UP TO 60 K-6 STUDENTS: VENDOR: SCHOHARIE RIVER CENTER 45 - Supplies & Materials 46 - Travel Expenses REDUCE \$33,741 TO REFLECT UPDATED BENEFITS CALCULATIONS BASED ON ANTICIPATED ACTUAL PROFESSIONAL SALARIES TO BE EXPENSED. 90 - Indirect Cost 49 - Boces Services	16 - Support Staff Salaries			
46 - Travel Expenses REDUCE \$33,741 TO REFLECT UPDATED BENEFITS CALCULATIONS BASED ON ANTICIPATED ACTUAL PROFESSIONAL SALARIES TO BE EXPENSED. 90 - Indirect Cost 49 - Boces Services	40 - Purchased Services	ENRICHMENT PROGRAM FOR SUMMER 2024 FOR UP TO 60 K-6 STUDENTS:	\$60,000	
REDUCE \$33,741 TO REFLECT UPDATED BENEFITS CALCULATIONS BASED ON ANTICIPATED ACTUAL PROFESSIONAL SALARIES TO BE EXPENSED. 90 - Indirect Cost 49 - Boces Services	45 - Supplies & Materials			
80 - Employee Benefits BENEFITS CALCULATIONS BASED ON ANTICIPATED ACTUAL PROFESSIONAL SALARIES TO BE EXPENSED. 90 - Indirect Cost 49 - Boces Services	46 - Travel Expenses			
49 - Boces Services	80 - Employee Benefits	BENEFITS CALCULATIONS BASED ON ANTICIPATED ACTUAL PROFESSIONAL		\$39,722
	90 - Indirect Cost			

2 of 3 6/22/2023 10:46 AM

20 - Equipment				,	
	Total Increase or Decrease:	(+) \$	60,000	(-) \$	60,000
ENTER BUDGET >	Net Increase or Decrease:	\$			0
	Previous Budget Total:	\$			748,137
	Proposed Amended Total:	\$			748,137

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

Agency Name:	Middleburgh CSD	Schoharie
Mailing Address:	291 Main Street	County
### Company	Middleburgh, NY 12122	
Agency Code:	541001040000	
Project Number:	5884-21-2780	Amendment #: 002
Contract #:		
Contact Person:	Mark Place, Superintendent	Tel: 518-827-3625
E-mail Address:	mark.place@mcsdny.org	

<u>INSTRUCTIONS</u>

- Submit the original and two copies directly to the same State Education Department office where budget was mailed. DO NO7 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, 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: 05 31 2023 Signature: 4

Program Approval:

Program Approval:

Date: 6/28/23 - Approved

Date: 6/28/23 - Approved

Service Servic

1 of 2

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SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)		SUBTOTAL INCREASE		UBTOTAL ECREASE
15 - Professional Salaries	REDUCE TEACHER LEARNING LC STIPENDS BY \$8,500 (1.2142 * \$7, PER STIPEND (\$46.67/HR *0.75 * 2 \$7000) = \$8,500)	000			\$8,500
16 - Support Staff Salaries					
40 - Purchasses	ADD \$7,000 FOR CONTRACT WITH SCHOHARIE RIVER CENTER FOR WEEK SUMMER ENRICHMENT PROGRAM FOR 50 STUDENTS IN GRADES K-6 FOR SUMMER 2023. 13.672% OF TOTAL COST OF PRO (\$51,200) = \$7,000 ADD \$1,500 PROCTORS THEATRE "DINOSAUR WORLD LIVE" - JANUA 2024. SCIENCE FIELD TRIP FOR 1 STUDENTS IN GRADES 4-6 (150 X \$10/TICKET = \$1,500)	4- GRAM - .RY	\$8,500		
45 - Supplies & Materials					
46 - Travel Expenses					
80 - Employee Benefits					
90 - Indirect Cost					
49 - Boces Services					
30 - Minor Remodeling					
20 - Equipment				-	
Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Total Increase or Decrease:	(+)\$	8,500	(-) \$	8,500
	Net Increase or Decrease:	\$			0
ENTER BUDGET >	Previous Budget Total:	\$			748,137
	Proposed Amended Total:	\$			748,137

FEDERAL OR STATE PROJECT

PROPOSED AMENDMENT FOR A FS-10-A (03/15)

			= Required Field	
Agency Name:	Middleburgh CSD	·····	Schoharie	The Control of the Co
Mailing Address:	291 Main Street		County	
	Middleburgh, NY 12122			
Agency Code:	541001040000			
Project Number:	5884-21-2780	A	Amendment #:	2
Contract #:				
Contact Person:	Mark Place, Superintendent	Tel:	518-827-3	3625
E-mail Address:	mark.place@mcsdny.org			
 This form need only be s Personnel positions. Equipment items have Minor remodeling Any increase in a but \$1,000, whichever is g Any increase in the t Amendment # at top of the If extra room is needed for 	wo copies directly to the same State Educants Finance. Submitted for budget changes that requirements and type ving a unit value of \$5,000 or more, nur dget subtotal (professional salaries, pureater otal budget amount, his page must be completed. For explanations, expand the rows using for requesting a project extension.	re prior approval mber and type rchased services the row breaks o	as follows: i, travel, etc.) by more the	
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, 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: Signature:				
	FOR DEPARTMEN	T USE ONLY		
Program Approval:				
			Date:	
Finance:				, i
	Logged Approve	ed		

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)		SUBTOTAL INCREASE		SUBTOTAL DECREASE
Section of the sectio	REDUCE TEACHER LEARNING LOSS STIPENDS BY \$12,580 (1.7971 * \$7,000 PER STIPEND (\$46.67/HR *0.75 * 200 = \$7,000) = \$12,580) ADD \$12,580 FOR SALARIES FOR PROFESSIONAL STAFF FOR HIGH SCHOOL SUMMER ENRICHMENT ACTIVITIES: (MOUNTAINS, MUSEUMS, MUSICALS: 3 TEACHERS X 36 HOURS X \$34/HOUR = \$3,672), (SUMMER FITNESS PROGRAM: 4 HOURS PER DAY X \$34/HOUR * 28 DAYS = \$3,808), (SUMMER MUSIC ENSEMBLES: 2 TEACHERS X 7.5 HOURS/DAY X 10 DAYS		\$0		\$0
16 - Support Staff Salaries	X \$34/HOUR = \$5,100)	DATS			
40 - Purtinased Services					
45 - Supplies & Materials			· · · · · · · · · · · · · · · · · · ·		
46 - Travel Expenses			· · · · · · · · · · · · · · · · · · ·		
80 - Επρίσγ ε ε Βεπείτε					
90 - Indirect Cost					
49 - Boces Services					
30 - Minor Remodeling					
20 - Еодіртепі					
and the state of t	Total Increase or Decrease:	(+)\$	0	(-) \$	0
	Net Increase or Decrease:	\$	•		0
ENTER SUDGET >	Previous Budget Total:	\$		····	748,137
	Proposed Amended Total:	\$	····		748,137

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

] = Required Field
Agency Name:	Middleburgh CSD	Schoharie
Mailing Address:	291 Main Street	County
-	Middleburgh, NY 12122	
Agency Code:	541001040000	Amendment #: f) () ()
Project Number:	5884-21-2780	7 4110311411101111211111111111111111111111
Contract #:		
Contact Person:	Mark Place, Superintendent	Tel: 518-827-3625
E-mail Address:	mark.place@mcsdny.org	
NOT submit this form to G This form need only be s Personnel positions Equipment items ha Minor remodeling Any increase in a bus \$1,000, whichever is g Any increase in the s Amendment # at top of t If extra room is needed the	rants Finance. submitted for budget changes that require prior number and type ving a unit value of \$5,000 or more, number an idget subtotal (professional salaries, purchase preater	nd type d services, travel, etc.) by more than 10 percent or w breaks on the left.
expenditures, disbursement Federal (or State) award. In may subject me to crimina	rtify to the best of my knowledge and belief than ts, & cash receipts are for the purposes& object am aware that any false, fictitious, or fraudulently, civil, or administrative penaltiesfor fraud, falso and Title 31, Sections 3729-3730 and 3801-	at the report is true, complete, & accurate, & the ectives set forth in the terms & conditions of the nt information, or the omission of any material fact se statements, false claims, or otherwise. (U.S.
Date: _	05 1 6 2023 Signatu	re: Jun-
	FOR DEPARTMENT US	EONLY
Program Approval:		Date:
Finance:	Logged Approved	

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SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	l	SUBTOTAL INCREASE	SUBTOTAL DECREASE	-
15 - Professional Salaries	REDUCE TEACHER LEARNING LOSS STIPENDS BY \$18,564 (2.652 * \$7,000 PER STIPEND (\$46.67/HR *0.75 * 200 = \$7,000) = \$18,564) ADD \$18,564 FOR TEACHER TCIS (Therapeutic Crisis in the Schools) TRAINING DURING SUMMER 2023. 26 TEACHERS X 21 HOURS X \$34.00/HOUR = \$18,564		\$0		\$0
16 - Support Staff Salaries					
40 - Purchased Services					
45 - Supplies & Materials			· · · · · · · · · · · · · · · · · · ·		*
46 - Travel Expenses					
80 - Employee Benefits					
90 - Indirect Cost					·
49 - Boces Services					
30 - Minor Remodeling					
20 - Equipment					
	Total Increase or Decrease:	(+) S	0	(-) \$	0
	Net Increase or Decrease:	s		<u> </u>	0
ENTER BUDGET >	Previous Budget Total:	s		748.	,137
	Proposed Amended Total:	\$		748,	137

PROPOSED AMENDMENT FOR A FEDERAL OR STATE PROJECT

Mailer to M.	1568 4/12/04/02/02/	FS-10-A (03/15) = Required Field			
Agency Name:	Middleburgh CSD	Schoharie			
Mailing Address:	291 Main Street	County			
	Middleburgh, NY 12122				
Agency Code:	541001040000				
Project Number:	5884-21-2780	Amendment #: 001			
Contract #:					
Contact Person:	Mark Place, Superintendent	Tel: 518-827-3625			
E-mail Address:	mark.place@mcsdny.org				
Submit the original and NOT submit this form to 0 This form need only be Personnel positions Equipment items h Minor remodeling Any increase in a b \$1,000, whichever is Any increase in the Amendment # at top of	 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. 				
expenditures, disburseme Federal (or State) award may subject me to crimin	ents, & cash receipts are for the purposes& o I am aware that any false,fictitious, or fraudu	that the report is true, complete, & accurate, & the bjectives set forth in the terms & conditions of the lent information, or the omission of any material fact alse statements, false claims, or otherwise. (U.S. 11-3812).			
	FOR DEPARTMENT U	SE ONLY			
Program Approval:		Date:			
Finance:	Logged Approved				

Tacky # 7022 2410 1013 0000 9559 0132

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 - Professional Salaries	REDUCE TEACHER LEARNING LOSS STIPENDS BY \$271,040 (38.72 * \$7,000 PER STIPEND (\$46.67/HR *0.75 * 200 = \$7000) = \$271,040)		\$271,040
16 - Support Staff Salaries	ADD \$1600 FOR FOUR TEACHING ASSISTANTS FOR SUMMER 2023 ELEMENTARY ARTS ENRICHMENT PROGRAM (4 X 20 HOURS X \$20/HOUR = \$1600) ADD \$900 FOR BUS DRIVER FOR SUMMER 2023 HIGH SCHOOL ENRICHMENT PROGRAM	\$2,500	
	ADD \$1,260 FOR REPAIR OF MUSICAL INSTRUMENT (BASSOON): VENDOR JOHN KEAL MUSIC ADD \$2250 FOR BROADWAY MUSICAL TICKETS FOR SUMMER 2023 ENRICHMENT PROGRAM (15 X \$150 PER TICKET = \$2250) ADD \$290 FOR ENTRACE FEE FOR STORM KING ART MUSEUM FOR SUMMER 2023 ENRICHMENT PROGRAM	\$3,800	

CF121 ENTRY DATE 03/30 PROJECT 588421 SED CODE 541001 NYC DOC #		PROJECT ARP MIDD	NTS FINANCE STATUS REPORT SLR LEARNING LOSS LEBURGH CSD	RUN DA	ATE 03/30/22
PROF SALARY NON PROF SALARY PURCH SERVICES SUPP & MATERIAL TRAVEL EXPENSE EMP BENEFITS INDIRECT COST BOCES SERVICES REMODELING EQUIPMENT	40	BUDGET DETA 636,984.00 0.00 0.00 0.00 111,153.00 0.00 0.00 0.00	AIL INFORMATION BEGIN DATE END DATE AMENDMENT # CONTRACT # STOP DATE REFUND CHECK # IND COST RATE INT ELIG	03/13/20 09/30/24 12.5 N	
		RIIDCET CIMA	MARY INFORMATION		
FUNDYEAR 588421 588420 588419 TOTAL	748	SPLITS ,137.00 0.00 0.00 0.00 0.00 ,137.00	PAID TO DATE 149,627.00 0.00 0.00 0.00 0.00 149,627.00		TANDING ENC 598,510.00 0.00 0.00 0.00 0.00 598,510.00
BUDGET 03/23 INTERIM FINAL		ENTERED 03/25/22		APPROVED	

CASH DETAIL

FUNDYR MIR

588421 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 AMOUNT

033022 568029F INIT 000 03/22 01 149,627.00

4748,137

Page 1 of 1

5884-21-2780

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 Agenc	y Information	
Fundir	ng Source:	American Rescue Plar	າ Act 2021-ESS	SER
Report Pre	epared By:	Francis Rielly		
Age	ncy Name:	Middleburgh Central	School District	
Mailing Address: 2		291 Main Street		
		Street		
		burgh Central School I	NY	12110
	22.5	City	State	Zip Code
Telephone # of Report Preparer:		3623	County:	
E-mail Address:	francis.rie	elly@mcsdny.org		
Project Fundi	ing Dates:	3/13/2020		9/30/2024
		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/.

SALARIE	S FOR PROFESS	SIONAL STAFF	
		Subtotal - Code 15	\$636,984
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Teacher Learning Loss Stipends	Hourly stipend	\$46.67/hr .75 hours /day *200-61	\$427,016
Teacher Learning Loss Stipends	Hourly stipend	/day *200-61 \$46.67/hr .75 hours /day *200-30	\$209,968

	Employee Benefits	
	Subtotal - Code 80	\$111,153
	Benefit	Proposed Expenditure
Social Security		\$48,730
	New York State Teachers	\$62,423
Retirement	New York State Employees	
	Other - Pension	
Health Insurance		
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		
		- All All All All All All All All All Al

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$636,984
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$111,153
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Gran	d Total	\$748,137

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).

3/11/22	Bun P. Dum
Date	Signature

Brian Dunn Superintendent
Name and Title of Chief Administrative Officer

Agency Code:	541001040000
Project #:	5884-21-2780
Contract #:	
Agency Name:	Middleburgh Central School District

FOR DEPARTMENT USE ONLY		
Funding Dates:	From	То
Program Approval:	Date	
Fiscal Year	First Payment	Line #
Manager 4	m;1	Downant
Voucher#	First	Payment

BUDGET NARRATIVE

LEA:	Middleburgh Central School District	FOR TITLE: American Rescue plan act 2021 ESSER
BEDSCO	DE: 541001040000	

** MUST BE SUBMITTED WITH EACH BUDGET IN THE CONSOLIDATED APPLICATION

If using Transferability, please indicate on the Budget Narrative and FS-10 the amount of funds to be included under transferability in the budget categories where funds will be used. Example: In the Title IIA budget under Code 15 – Transferability - Title I Reading Teacher – FTE.35 - \$15,000.

CODE/ BUDGET CATEGORY	EXPLANATION OF EXPENDITURES IN THIS CATEGORY (as it relates to the program narrative for this title)
Code 15 Professional Salaries	Teachers will provided hourly targeted instruction/tutoring for students throughout the school year to target learning loss in all academic areas \$636,984
Code 16 Support Staff Salaries	
Code 40 Purchased Services	
Code 45 Supplies and Materials	
Code 46 Travel Expenses	

CODE/ BUDGET CATEGORY	EXPLANATION OF EXPENDITURES IN THIS CATEGORY (as it relates to the program narrative for this title)
Code 80 Employee Benefits	Social security and Teacher retirement system benefits associated with the targeted learning loss tutoring. \$111,154
Code 90 Indirect Cost	
Code 49 BOCES Services	
Code 30 Minor Remodeling	
Code 20 Equipment	