

= Required Field

Local Agency Information			
Funding Source:	ARP-ESSER 1% State-Level Reserve - Comprehensive After School		
Report Prepared By:	Nancy Dingman		
Agency Name:	Hannibal CSD		
Mailing Address:	928 Cayuga Street		
	Street		
	Hannibal	NY	13074
	City	State	Zip Code
Telephone # of Report Preparer:	315-564-7977	County: Oswego	
E-mail Address:	nhenner@hannibalcsd.org		
Project Funding Dates:	3/13/2020 Start	9/30/2024 End	

INSTRUCTIONS
<ul style="list-style-type: none"> 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/.

Employee Benefits			
		Subtotal - Code 80	\$30,500
Benefit		Proposed Expenditure	
Social Security		\$13,000	
Retirement	New York State Teachers	\$17,500	
	New York State Employees		
	Other - Pension		
Health Insurance			
Worker's Compensation			
Unemployment Insurance			
Other(Identify)			

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$197,521
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$30,500
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$228,021

Agency Code:

Project #:

Contract #:

Agency Name:

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

<u>Fiscal Year</u>	<u>First Payment</u>	<u>Line #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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).

12/14/21 _____
 Date Signature

Christopher A. Staats, Superintendent
 Name and Title of Chief Administrative Officer