

BUDGET NARRATIVE

LEA: Liberty CSD	FOR TITLE: Elementary and Secondary School Emergency Relief (ESSER)
BEDSCODE: 590901060000	

**** 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)
<i>Code 15 Professional Salaries</i>	
<i>Code 16 Support Staff Salaries</i>	
<i>Code 40 Purchased Services</i>	
<i>Code 45 Supplies and Materials</i>	<i>Covid supplies, such as hand sanitizer, masks, gowns, shield masks, polycarbonate dividers, gloves, thermometers, disinfecting wipes, and foot traffic signage for the reopening of school plans. Supplies will be provided to teachers and students as necessary. The district will use the additional materials to thoroughly clean rooms every evening. Thermometers are used to prevent the spread of disease by adults and students.</i>
<i>Code 46 Travel Expenses</i>	

CODE/ BUDGET CATEGORY	EXPLANATION OF EXPENDITURES IN THIS CATEGORY <i>(as it relates to the program narrative for this title)</i>
Code 80 <i>Employee Benefits</i>	
Code 90 <i>Indirect Cost</i>	
Code 49 <i>BOCES Services</i>	
Code 30 <i>Minor Remodeling</i>	
Code 20 <i>Equipment</i>	

= Required Field

Local Agency Information		
Funding Source:	Elementary and Secondary School Emergency R	
Report Prepared By:	Georgia Gonzalez	
Agency Name:	Liberty CSD	
Mailing Address:	115 Buckley Street	
	Street	
	Liberty, NY 12754	
	City	State Zip Code
Telephone # of Report Preparer:	845-292-6171	County: Sullivan
E-mail Address:	ggonzalez@libertyk12.org	
Project Funding Dates:	3/13/2020	9/30/2022
	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/>.

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SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$437,648
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Hand Sanitizer	2400 gallons	\$12.50	\$30,000
Masks (includes private school)	240000.00	\$1.50	\$360,000
Gowns	300.00	\$10.00	\$3,000
N95 Masks	300.00	\$5.75	\$1,150
Shield Masks	200.00	\$20.00	\$4,000
Polycarbonate Dividers	10.00	\$180.00	\$1,800
Gloves	180.00	\$22.80	\$4,104
Thermometers	20.00	\$100.00	\$2,000
Cloth Masks	6000.00	\$2.00	\$12,000
Disinfecting Wipes	689.00	\$23.92	\$16,476
Floor Decals for foot traffic in building	450.00	\$4.00	\$1,800
Prevention Counseing (SEL) Supplies	1.00	\$1,318.00	\$1,318

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	\$437,648
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$437,648

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).

_____/_____/_____
Date Signature

Name and Title of Chief Administrative Officer

