

BUDGET NARRATIVE

LEA: Liberty Central School District	FOR TITLE: CRRSA GEER 2
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.

LCSO is requesting \$18,426. All program expenditures are directly targeted to the provision of direct services to students. Program spending will be supervised by Superintendent of Schools Patrick Sullivan in coordination with Rodney Asse, LCSO’s School Business Official. All expenses will be tracked separately in WinCap, the district’s financial and human resources management system.

CODE/ BUDGET CATEGORY	EXPLANATION OF EXPENDITURES IN THIS CATEGORY (as it relates to the program narrative for this title)
Code 15 <i>Professional Salaries</i> (\$18,000)	<ul style="list-style-type: none"> • \$18,000 - Teacher hours for Coaching and Mentorship Program (\$50/hour x 360 hours) Aligns with GEER Use of Funds Allowable Activity #5.
Code 16 <i>Support Staff Salaries</i>	<i>No expenses</i>
Code 40 <i>Purchased Services</i>	<i>No expenses</i>
Code 45 <i>Supplies and Materials</i> (\$426)	<ul style="list-style-type: none"> • \$426 - Coaching and Mentorship Program course materials (quantity: 40 x \$10.65 per unit) Aligns with GEER Use of Funds Allowable Activity #5.

CODE/ BUDGET CATEGORY	EXPLANATION OF EXPENDITURES IN THIS CATEGORY (as it relates to the program narrative for this title)
<i>Code 46 Travel Expenses</i>	<i>No expenses</i>
<i>Code 80 Employee Benefits</i>	<i>No expenses</i>
<i>Code 90 Indirect Cost</i>	<i>No expenses</i>
<i>Code 49 BOCES Services</i>	<i>No expenses</i>
<i>Code 30 Minor Remodeling</i>	<i>No expenses</i>
<i>Code 20 Equipment</i>	<i>No expenses</i>

= Required Field

Local Agency Information			
Funding Source:	CRRSA Act - GEER 2		
Report Prepared By:	Dr Patrick Sullivan, Superintendent of Schools		
Agency Name:	Liberty Central School District		
Mailing Address:	115 Buckley Street		
	Street		
	Liberty	NY	12754
	City	State	Zip Code
Telephone # of Report Preparer:	845-292-6990	County: Sullivan	
E-mail Address:	psullivan@liberty.k12.org		
Project Funding Dates:	3/13/2020 Start	9/30/2023 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/>.

INDIRECT COST

A.	Modified Direct Cost Base – Sum of all preceding subtotals (codes 15, 16, 40, 45, 46, and 80 and excludes the portion of each subcontract exceeding \$25,000 and any flow through funds) **Manual Entry	
B.	Approved Restricted Indirect Cost Rate	
C.	Subtotal - Code 90	null

For your information, maximum direct cost base = **\$18,426.00**

To calculate Modified Direct Cost Base, reduce maximum direct cost base by the portion of each subcontract exceeding \$25,000 and any flow through funds.

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$18,000
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	\$426
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$18,426

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).

7/16/2021 

Date _____ Signature _____

Dr. Patrick Sullivan, Superintendent
Name and Title of Chief Administrative Officer

Finance: Logged _____ Approved _____ MIR _____

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