







**Employee Benefits**

Subtotal - Code 80		\$105,440
<b>Benefit</b>		<b>Proposed Expenditure</b>
Social Security		\$30,000
<b>Retirement</b>	New York State Teachers	\$31,000
	New York State Employees	
	Other - Pension	
Health Insurance		\$44,440
Worker's Compensation		
Unemployment Insurance		
<b>Other(Identify)</b>		

## BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$394,556
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$105,440
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$499,996

Agency Code:	421201040000
Project #:	5884-21-2145
Contract #:	
Agency Name:	Onondaga Central School District

<b>FOR DEPARTMENT USE ONLY</b>		
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).*

12/15/2021 *Robin L. Price*  
 Date Signature

**Robin L Price, Superintendent of Schools**  
 Name and Title of Chief Administrative Officer

Finance: **Logged** \_\_\_\_\_ **Approved** \_\_\_\_\_ **MIR** \_\_\_\_\_