

Morone, Mike

From: LTG2018 <LTG2018@nysed.gov>
Sent: Wednesday, February 20, 2019 11:15 AM
To: Morone, Mike; LTG2018
Cc: Brielyn Smith
Subject: Revised FS-10 budget summary page for the WFL BOCES LTG grant

Importance: High

Mike,

Our grants finance office is eager to get this revised form. They called to ask me about it today, and I told them it had been delayed due to the break.

Please make it a priority to obtain it and send it out the quickest way possible once people return from break. Let me know when it has been sent, and how it was sent.

Thanks.

Send it to:

Mary Ann Valikonis
Office of Educational Design and Technology
New York State Education Department
Room EBA 880
89 Washington Avenue
Albany, NY 12234

Mary Ann

Mary Ann Valikonis
Associate in Educational Planning and Evaluation
Office of Educational Design and Technology
NYS Education Department
518-473-8942

Maryann.valikonis@nysed.gov

*Thank you, Ms Valikonis.
I apologize for the
delay.*

Mike Morone

From: Morone, Mike <Mike.Morone@edutech.org>
Sent: Friday, February 15, 2019 2:37 PM
To: LTG2018 <LTG2018@nysed.gov>
Cc: Brielyn Smith <Brielyn.Smith@nysed.gov>
Subject: Re: We need a revised FS-10 budget summary page for the WFL BOCES LTG grant - old one was used in your application

OK, thank you very much.

Mike Morone, [Edutech](#) Administrator of Online Instruction
[AccelerateU](#) - online courses for NYS students
office/cell: 315 332-7331 / 315 359-8355
[@AccelerateU NYS](#)
[Our Youtube channel](#)

[Click here to video-conference with me](#)

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$55,015
Support Staff Salaries	16	
Purchased Services	40	\$87,630
Supplies and Materials	45	\$39,342
Travel Expenses	46	
Employee Benefits	80	\$16,161
Indirect Cost	90	\$1,783
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$199,931

Agency Code: 439000000000

Project #: 0647-19-0116

Contract #:

Agency Name: Wayne-Finger Lakes BOCES

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

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).

2/22/2019

Date

Signature

Daniel White, Interim Superintendent

Name and Title of Chief Administrative Officer

Fiscal YearFirst PaymentLine #

Voucher #

First Payment