

The University of the State of New York  
THE STATE EDUCATION DEPARTMENT

**PROPOSED BUDGET FOR A  
FEDERAL OR STATE PROJECT  
FS-10 (03/15)**

☐ = Required Field

**Local Agency Information**

<b>Funding Source:</b>	ARP - ESSER	
<b>Report Prepared By:</b>	Danielle DeBiase	
<b>Agency Name:</b>	Altmar-Parish-Williamstown CSD	
<b>Mailing Address:</b>	639 County Route 22	
	Street	
	Parish	NY 13131
	City	State Zip Code
<b>Telephone # of Report Preparer:</b>	315-625-5256	<b>County:</b> Oswego
<b>E-mail Address:</b>	ddebias@apw.cnyric.org	
<b>Project Funding Dates:</b>	3/13/2020	9/30/2024
	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/>.

SALARIES FOR PROFESSIONAL STAFF			
Subtotal - Code 15			\$1,826,716
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Summer Enrichment Teaching Staff (ELEM) - Learning Loss	1.00	20 staff @ \$40/hr @ 225 hrs	\$180,000
Summer Enrichment Teaching Staff (JRSR) - Learning Loss	1.00	20 staff @ \$40/hr @ 225 hrs	\$180,000
Salaries for After-School Tutoring (JRSR) - Learning Loss	1.00	30 staff @ \$40/hr @ 100 hrs	\$120,000
Salaries for After-School Program	1.00	20 staff @ \$40/hr @ 175 Hours	\$140,000
Salaries for After-School Enrichment	1.00	20 staff @ \$40/hr @ 175 Hours	\$140,000
Summer Credit Recovery	1.00	2 staff @ \$40/hr @ 225hrs	\$18,000
MTSS Hourly Meetings (ELEM)	1.00	10 staff @ \$33.50/hr @ 80 hours	\$26,800
MTSS Hourly Meetings (JRSR)	1.00	10 staff @ \$33.50/hr @ 80 hours	\$26,800
Business Teacher (A.D.)	2.00	\$66,074	\$132,147
Work-Based Learning Coordinator Stipend	2.00	\$3,400	\$6,800
Salaries for Professional Development Per Strategic Plan (ELEM)	1.00	60 staff @ \$33.50/hr @ 20 hours	\$40,200
Salaries for Professional Development Per Strategic Plan (JRSR)	1.00	60 staff @ \$33.50/hr @ 20 hours	\$40,200
School Parent Community Liaison (CM)	1.00	\$69,510	\$69,510
Social Emotional Learning Specialist	1.00	\$69,061	\$69,061
Salaries for Curriculum Development	1.00	125 staff @ \$33.50/hr @ 40 hrs	\$167,500
Curriculum Coach	2.00	\$76,125	\$152,250
Salaries for School-Based Leadership Team	1.00	16 staff @ \$33.50/hr @ 18 hrs	\$9,648
Building Substitute Salary	2.00	\$60,900	\$121,800
Director of Technology	2.00	\$91,350.00	\$182,700
Stipend to support Contact Tracing	2.00	\$1,650.00	\$3,300

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$176,400
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Network Administrator	2.00	\$81,200.00	\$162,400
COVID Coordinator Stipend	1.00	\$14,000.00	\$14,000

PURCHASED SERVICES			
Subtotal - Code 40			
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$235,400
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Summer Enrichment Materials & Supplies (ELEM) - Learning Loss	20 staff	300 per staff member	\$6,000
Summer Enrichment Materials & Supplies (JRSR) - Learning Loss	20 staff	300 per staff member	\$6,000
Classroom Furniture (ELEM)	1.00	NTE \$74,500 per building	\$74,500
Classroom Furniture (JRSR)	1.00	NTE \$74,500 per building	\$74,500
Special Education Classroom Furniture	1.00	NTE \$74,400 for entire department	\$74,400

TRAVEL EXPENSES			
Subtotal - Code 46			
Position of Traveler	Destination and Purpose	Calculation of Cost	Proposed Expenditures

Employee Benefits		
Subtotal - Code 80		\$405,101
Benefit		Proposed Expenditure
Social Security		\$153,238
Retirement	New York State Teachers	\$179,018
	New York State Employees	\$19,051
	Other - Pension	
Health Insurance		\$53,794
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

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	

For your information, maximum direct cost base = \$2,643,617.00

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.



PURCHASED SERVICES WITH BOCES			
Subtotal - Code 49			\$4,543
Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
LETRS Training for New Teachers K-3	CiTi BOCES	7 teachers @ \$649/each	\$4,543

MINOR REMODELING		
Subtotal - Code 30		
Description of Work to be Performed	Calculation of Cost	Proposed Expenditure

EQUIPMENT			
Subtotal - Code 20			
Description of Item	Quantity	Unit Cost	Proposed Expenditure

**BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$1,826,716
Support Staff Salaries	16	\$176,400
Purchased Services	40	
Supplies and Materials	45	\$235,400
Travel Expenses	46	
Employee Benefits	80	\$405,101
Indirect Cost	90	
BOCES Services	49	\$4,543
Minor Remodeling	30	
Equipment	20	
Grand Total		\$2,648,160

Agency Code: **460102040000**Project #: **5880-21-2330**

Contract #: \_\_\_\_\_

Agency Name: \_\_\_\_\_

**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).

9/29/21 *Lynn K. Rhone*

Date

Signature

*Lynn K. Rhone, Superintendent*

Name and Title of Chief Administrative Officer

**Fiscal Year****First Payment****Line #**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Voucher # \_\_\_\_\_

First Payment \_\_\_\_\_

Finance: Logged \_\_\_\_\_

Approved \_\_\_\_\_

MIR \_\_\_\_\_