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

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

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ation		

	Local Agenc	y Information		
Funding Source:	ARP-ESSER State Le	vel - Learning L	oss	
Report Prepared By:	Naomi Ryfun			
Agency Name: Altmar-Parish-Williamstown CSD				
Mailing Address:	639 County Route 2			
		Street		
	Parish	NY	13131	
	City	State	Zip Code	
Telephone # of Report Preparer: 315-625	5-5274	County: Os	swego	
E-mail Address: nryfun@	apw.cnyric.org		4	
Project Funding Dates	: 3/13/2020 Start)	9/30/2024 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/.

Subtotal - Code 15			\$1,149,129
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Reading Interventionist (K.P, J.B)	6.00	\$73,823	\$442,938
Math Interventionist (M.K)	3.00	\$78,953	\$236,859
MTSS Coordinator (J.W.)	2.25	\$109,589	\$246,576
SEL Specialist (H.O.)	3.00	\$74,252	\$222,756

	Subtotal - Code 80	\$494,913
	Proposed Expenditure \$87,908	
Social Security		
	New York State Teachers	\$132,150
Retirement	New York State Employees	
	Other - Pension	
Health Insurance		\$274,855
Worker's Compensation		
Unemployment Insurance	¥	
Other(Identify)		

BUDGET SUMMARY

ICODE	PROJECT COSTS
15	\$1,149,129
16	
40	
45	
46	
80	\$494,913
90	
49	
30	
20	
Grand Total	
	15 16 40 45 46 80 90 49 30 20

Agency Code:	460102040000
Project #:	5884-21-2330
Contract #:	
Agency Name:	Altmar-Parish-Williamstown CSD

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).

12/13/21	Line K. Phr
Date	Signature
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Name and Tit	none Speciatoralent le of Chief Administrative Officer

FOR DEPARTMENT USE ONLY			
Funding Dates:	From	То	
⊃rogram Approval: _	Date: _		
Fiscal Year	First Payment	<u>Line#</u>	
		-	
-			
Voucher	# First I	Payment	

Finance:	Logged	Approved	MIR
		Dogo 1	12/13/202

10:47 AM

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