

= Required Field

Local Agency Information			
Funding Source:	ARP ESSER Application - Part 2		
Report Prepared By:	Shelley H. Fitzpatrick, Business Administrator		
Agency Name:	Sandy Creek Central School District		
Mailing Address:	P.O. Box 248 124 Salisbury Street		
	Street		
	Lacona	NY	13083
	City	State	Zip Code
Telephone # of Report Preparer:	315-387-3445 x1510	County: Oswego	
E-mail Address:	sfitz@sccs.cnyric.org		
Project Funding Dates:	3/13/2020 Start	9/30/2024 End	

INSTRUCTIONS
<ul style="list-style-type: none"> 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			\$636,904
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Speech Pathologist	2.00	\$61,219	\$122,438
School Psychologist	2.00	\$68,462	\$136,924
Social Worker	3.00	\$67,795	\$203,385
Elementary Interventionist	3.00	\$58,052	\$174,157

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$239,413
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Elem Aide	2.00	\$19,236.00	\$38,472
Grant Clerk	2.00	\$30,697.00	\$61,394
Bldg & Grounds Worker	3.00	\$46,516.00	\$139,547

PURCHASED SERVICES			
Subtotal - Code 40			\$37,477
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Drug & Alcohol Counselor	Farhnam, Inc	3 school years at 1 day per school week	\$37,477

Employee Benefits		
		Subtotal - Code 80
		\$573,779
Benefit		Proposed Expenditure
Social Security		\$67,038
Retirement	New York State Teachers	\$62,417
	New York State Employees	\$40,344
	Other - Pension	
Health Insurance		\$393,567
Worker's Compensation		\$10,413
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	\$1,487,560
B.	Approved Restricted Indirect Cost Rate	2.50%
C.	Subtotal - Code 90	\$37,189

For your information, maximum direct cost base = \$1,487,573.00

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	\$636,904
Support Staff Salaries	16	\$239,413
Purchased Services	40	\$37,477
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$573,779
Indirect Cost	90	\$37,189
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$1,524,762

Agency Code: **461901040000**

Project #: **5880-21-2365**

Contract #: _____

Agency Name: **Sandy Creek Central School District**

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).

8/29/2021 

Date Signature

Kyle L. Faulkner, Superintendent of Schools
Name and Title of Chief Administrative Officer