

= Required Field

Local Agency Information			
Funding Source:	CFDA#84.425D ESSER Funding		
Report Prepared By:	Shelley H. Fitzpatrick		
Agency Name:	Sandy Creek CSD		
Mailing Address:	P.O. Box 248		
	Street		
	Sandy Creek	NY	13145
	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	9/30/2022 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			\$291,371
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
21-22 Summer School Teacher	0.1	\$72,135	\$3,492
21-22 Summer School Teacher	0.1	\$72,135	\$3,492
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21-22 Summer School Teacher	0.1	\$72,135	\$3,492
21-22 Summer School Coordinator	0.1	\$80,203	\$3,866
22-23 Summer School Teacher	0.1	\$74,661	\$3,610
22-23 Summer School Teacher	0.1	\$74,661	\$3,610
22-23 Summer School Teacher	0.1	\$74,661	\$3,610
22-23 Summer School Teacher	0.1	\$74,661	\$3,610
22-23 Summer School Teacher	0.1	\$74,661	\$3,610
22-23 Summer School Coordinator	0.1	\$83,010	\$3,994
21-22 Extended Learning Afterschool Program Elementary Teacher	0.3	\$72,135	\$18,912
21-22 Extended Learning Afterschool Program Middle School Teacher	0.18	\$72,135	\$12,841
21-22 Extended Learning Afterschool Program High School Teacher	0.30	\$72,135	\$21,772
21-22 School Psychologist	1.00	\$65,089	\$65,809
21-22 Elementary Interventionist Teacher	1.00	\$55,488	\$55,488
21-22 Elementary Interventionist Teacher	1.00	\$55,488	\$55,488
21-22 Extended Counseling	0.20	\$90,000	\$17,691

PURCHASED SERVICES			
Subtotal - Code 40			\$6,000
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Pulaski Elementary Use of Classrooms due to Constructon at Sandy Creek	Pulaski CSD	Rent	\$6,000

Employee Benefits			
		Subtotal - Code 80	\$254,596
Benefit		Proposed Expenditure	
Social Security		\$35,619	
Retirement	New York State Teachers	\$28,554	
	New York State Employees	\$28,400	
	Other - Pension		
Health Insurance		\$152,466	
Worker's Compensation		\$9,557	
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	\$42,400
B.	Approved Restricted Indirect Cost Rate	2.50%
C.	Subtotal - Code 90	\$1,060

For your information, maximum direct cost base = \$726,201.00

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	\$291,371
Support Staff Salaries	16	\$174,234
Purchased Services	40	\$6,000
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$254,596
Indirect Cost	90	\$1,060
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$727,261

Agency Code: **461901040000**

Project #: **5890-21-2365**

Contract #: _____

Agency Name: **Sandy Creek CSD**

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).

6/24/2021 *Kyle L. Faulkner*
 Date Signature

Revised 8/25/2021

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