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	on	
	ARP-ESSER State Reserves: Addressing the Impact of Lost Instructional Time			
Report Prepared By:	Shelley Fitzpatrick, Bu	usiness Adr	ministrator	
Agency Name:	Sandy Creek Central	School Dist	trict	
Mailing Address:	PO BOX 248, 124 Sa			
		Stre		
	Sandy Creek City	NY State	13145 Zip Code	
Telephone # of Report Preparer: (315) 38	7-3445 Ext. 1510	County:	Oswego	
E-mail Address: sfitz@sc	cs.cnyric.org			
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/.

SALARIES FO	OR PROFESSIO	ONAL STAFF	
	antinining particular and a second	Subtotal - Code 15	\$483,945
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Elementary Math Interventionist (Teacher)	3.00	\$62,643	\$187,829
Gr. 6-9 Math Interventionist (Teacher)	3.00	\$56,720	\$170,159
After School Learning Counseling	3.00	\$2,618	\$7,855
After School Learning Gr. 6 Teacher	3.00	\$2,814	\$8,522
After School Program & School Year Curriculum and Data Coordination of all Interventions	3.00	\$6,000	\$18,000
After School Program & School Year Finance Coordination of all Interventions	3.00	\$6,000	\$18,000
Speech-Language Interventionist (Teacher)	1.00	\$73,580	\$73,580

SALARIES FO	R SUPPOF	RT STAFF	
		Subtotal - Code 16	\$71,380
Specific Position Little	ull-Time quivalent	Annualized Rate of Pay	Project Salary
r School Learning Teacher Aide	3.00	\$3,446.00	\$10,338
cher Aide (Data Collection/Rtl - mentary Math Intervention)	2.00	\$21,521.00	\$43,042
npus Wide Facilities Coordination	3.00	\$6,000.00	\$18,000

	Employee Benefits	
	Subtotal - Code 80	\$314,864
Benefit		Proposed Expenditure
Social Security		\$42,482
	New York State Teachers	\$47,427
Retirement	New York State Employees	\$11,083
	Other - Pension	
Health Insurance		\$210,281
Worker's Compensation		\$3,591
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	\$774,160
B.	Approved Restricted Indirect Cost Rate	2.50%
C.	Subtotal - Code 90	\$19,354

For your information, maximum direct cost base =

\$870,189.00

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	\$483,945
Support Staff Salaries	16	\$71,380
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$314,864
Indirect Cost	90	\$19,354
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Gran	d Total	\$889,543

Agency Code:	461901040000
Project #:	5884-21-2365
Contract #:	
Agency Name:	Sandy Creek Central School District

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 11512021	Kle X. Faller
Date	Signature

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

FOR DEPARTMENT USE ONLY			
Funding Dates:	From	То	
Program Approval:	Dat	e:	
Fiscal Year	First Payment	Line #	
		· ·	
Voucher #	Fir	st Payment	

Finance:	Logged	Approved	MIR	