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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Local Agency Information				
Funding Source:	ARP-ESSER State Reserves Comprehensive After School			
Report Prepared By:	Shelley Fitzpatrick, Business Administrator			
Agency Name:	Sandy Creek Centra	School Dis	strict	
Mailing Address:	PO BOX 248, 124 S	PO BOX 248, 124 Salisbury Street		
		Sti	reet	
	Sandy Creek	NY	13145	
	City	State	Zip Code	
Telephone # of Report Preparer: (315) 387	7-3445 Ext. 1510	County:	Oswego	
E-mail Address: sfitz@sccs.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/.

		Subtotal - Code 15	\$150,587
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Elementary Teacher(s) - Instructional Time	5 FTE X 153 hrs = 765 hours	\$49	\$37,485
Elementary Teacher(s) - Planning Time	5 FTE X 38.5 hrs = 192.5	\$33	\$6,353
MS/HS Teachers(s) - T/TH Program- Instructional Time	6 FTE X 162 hrs = 972 hours	\$63	\$61,236
MS/HS Teachers(s) - T/TH Program - Planning Time	6 FTE X 40.5 hrs = 243 hours	\$33	\$8,019
MS/HS Teachers(s) - Wednesday Program - Instructional Time	2 FTE X 263 hrs = 526 hours	\$63	\$33,138
MS/HS Teachers(s) - Wednesday Program - Planning Time	2 FTE X 66 hrs = 132 hours	\$33	\$4,356

	Employee Benefits	
	Subtotal - Code 80	\$27,276
Benefit		Proposed Expenditure
Social Security		\$11,520
	New York State Teachers	\$15,086
Retirement	New York State Employees	
	Other - Pension	
Health Insurance		
Worker's Compensation		\$670
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	\$2,000
B.	Approved Restricted Indirect Cost Rate	2.50%
C.	Subtotal - Code 90	\$50

For your information, maximum direct cost base =

\$177,863.00

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	\$150,587
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	1
Employee Benefits	80	\$27,276
Indirect Cost	90	\$50
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Gran	d Total	\$177,913

Agency Code:	461901040000
Project #:	5883-21-2365
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).

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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:	Date:	
<u>Fiscal Year</u>	First Payment	Line #
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		-
Voucher#	First	Payment

Finance:	Logged	Approved	MIR
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