# 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 Agend      | y Informat | ion            | <del>, , , , , , , , , , , , , , , , , , , </del> |
|-----------------------------------|---------|------------------|------------|----------------|---------------------------------------------------|
| Funding So                        | ource:  | ARP/ESSER 1% Com | prehensive | After School P |                                                   |
| Report Prepared By:               |         | Cynthia Hay      |            |                |                                                   |
| Agency Name:                      |         | Red Creek CSD    |            |                |                                                   |
| Mailing Address:                  |         | PO Box 190       |            |                |                                                   |
|                                   |         | Street           |            |                |                                                   |
|                                   |         | Red Creek        | NY         | 1314           |                                                   |
|                                   | į       | City             | State      | Zip C          | ode                                               |
| Telephone # of eport Preparer: 31 | 5-754-  | 2087             | County:    | Wayne          |                                                   |
| E-mail Address: <u>cy</u> ı       | nthia.h | ay@rccsd.org     |            |                |                                                   |
| Project Funding D                 | oates:  | 7/1/2021-        | ı          | 6/30/20        | 24                                                |
|                                   | •       | Start            |            | 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/.

| SALARIE                 | S FOR PROFESS           | SIONAL STAFF           |                |
|-------------------------|-------------------------|------------------------|----------------|
|                         |                         | Subtotal - Code 15     | \$93,340       |
| Specific Position Title | Full-Time<br>Equivalent | Annualized Rate of Pay | Project Salary |
| Targeted Regents Prep   | stipend                 | \$31,113               | \$93,340       |

| PURCHASED SERVICES              |                      |                                                           |                      |  |
|---------------------------------|----------------------|-----------------------------------------------------------|----------------------|--|
|                                 | _                    | Subtotal - Code 40                                        | \$81,463             |  |
| Description of Item             | Provider of Services | Calculation of Cost                                       | Proposed Expenditure |  |
| On demand tutoring for students | Paper Tutoring       | \$75.78 per student<br>(430) for 2.5 years<br>75.78x3x430 | \$81,463             |  |
|                                 |                      |                                                           |                      |  |
|                                 |                      |                                                           |                      |  |
|                                 |                      |                                                           |                      |  |

### **BUDGET SUMMARY**

| SUBTOTAL               | CODE      | PROJECT COSTS |
|------------------------|-----------|---------------|
| Professional Salaries  | 15        | \$93,340      |
| Support Staff Salaries | 16        |               |
| Purchased Services     | 40        | \$81,463      |
| Supplies and Materials | 45        |               |
| Travel Expenses        | 46        |               |
| Employee Benefits      | 80        |               |
| Indirect Cost          | 90        |               |
| BOCES Services         | 49        |               |
| Minor Remodeling       | 30        |               |
| Equipment              | 20        |               |
| Gran                   | \$174,803 |               |

| Agency Code: | 651503040000 |
|--------------|--------------|
| Project #:   | 5883-21-3595 |
| Contract #:  |              |
|              |              |

## 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).

| 2 114122 | But 1/1   |
|----------|-----------|
| Date     | Signature |

Name and Title of Chief Administrative Officer

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

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 Finance:
 Logged \_\_\_\_\_\_\_
 Approved \_\_\_\_\_\_\_
 MIR \_\_\_\_\_\_\_