The University of the State of New York THE STATE EDUCATION DEPARTMENT

PROPOSED BUDGET FOR A FEDERAL OR STATE PROJECT FS-10 (03/15)

T = Required Field

•		Local Agenc	y Informati	on
Funding	g Source:	ARP-ESSER 1 % sum	mer learnin	g
Report Pre	pared By:	Cynthia Hay		
Agen	ıcy Name:	Red Creek CSD		
Mailing Address:		PO Box 190	Stro	oof .
			Out	560
		Red Creek	NY	13143
		City	State	Zip Code
Telephone # of Report Preparer:	315-754-	2087	County:	Wayne
E-mail Address:	cynthia.h	ay@rccsd.org		
Project Fundi	ng Dates:	7/1/2021-		6/30/2024
	•	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/.

SALARIES F	OR PROFESSI	ONAL STAFF	
		Subtotal - Code 15	\$65,668
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Elementary Summer Program Teachers (13) for 2 years	\$26.67 per hour	\$1,700	\$44,200
(13) for 2 years Elementary Summer Program Deans (2) for 2 years	Stipend	\$3,500	\$14,000
for 2 years Elementary Summer Program Nurse for 2 years	\$26.67 per hour	\$3,734	\$7,468

SALARIE	S FOR SUPPO	RT STAFF	
***		Subtotal - Code 16	\$34,182
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Bus Drivers for Summer Programs (5.7) for 2 years	\$18 per hour	\$864.00	\$10,000
for 2 years Teaching Assisstants for Summer Program (9) for 2 years	\$15.90 per hour	\$1,017.00	\$18,316
Program (9) for 2 years Office Support for Summer Program for 2 years	stipend	\$533.00	\$1,066
Monitors for Summer Program (3) for 2 vears	\$12.50 per hour	\$800.00	\$4,800

SUPP	LIES AND MATE	ERIALS	
		Subtotal - Code 45	\$21,647
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Summer Program Supplies- ELA curriculum materials, 1 per grade leveltotal 5 from Really Great Reading	5.00	\$2,977.00	\$14,885
summer programming - math materials, reading materials, art supplies, learning manipulatives	unknown	\$3,381 per year	\$6,762

PUF	RCHASED SERVICES WI	TH BOCES	
		Subtotal - Code 49	\$53,306
Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
summer school for grades 7-12- 1 year	Wayne Finger Lakes	48 students x \$1106	\$53,306

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$65,668
Support Staff Salaries	16	\$34,182
Purchased Services	40	
Supplies and Materials	45	\$21,647
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	\$53,306
Minor Remodeling	30	
Equipment	20	
Gran	d Total	\$174,803

Agency Code:	651503040000
Project #:	5882-21-3595
Contract #:	
Agency Name:	Red Creek CSD

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 1/9/22	Buttle
Date	Signature

Name and Title of Chief Administrative Officer

FOR DE	PARTMENT USE ON	<u>ILY</u>
Funding Dates:	From	То
Program Approval:	Date	:
Fiscal Year	First Payment	Line #
		_
		-
Voucher #	 Firs	t Payment

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 Finance:
 Logged ______
 Approved ______
 MIR ______