The University of the State of New York THE STATE EDUCATION DEPARTMENT (see instructions for mailing address)

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

	Local	Agency Information	
Funding Source:	1% State-Level Reserve	- Summer Learning an	d Enrichment: Program Design
Report Prepared By:	Mark Wilson		
Agency Name:	Greene CSD		
Mailing Address:	40 South Canal Street		
		Street	
	Greene	N.Y.	13788
	City	State	Zip Code
Telephone #:	607-656-4161	County: Chenango	
E-Mail Address:	mwilson@greenecsd.org		
Project Operation Da	ates: 03 / 13 /	20 09	/ 30 / 24
	Start		End

INSTRUCTIONS

- Submit the original 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 the Grants Finance.
- **!** Enter whole dollar amounts only.
- Prior approval by means of an approved budget (FS-10) or budget amendment (FS-10-A) is required for:
 - Personnel positions, number and type
 - Equipment items having a unit value of \$5,000 or more, number and type
 - Minor remodeling
 - Any increase in a budget subtotal (professional salaries, purchased services, travel, etc.) by more than 10 percent or \$1,000, whichever is greater
 - Any increase in the total budget amount.
- Certification on page 8 must be signed by Chief Administrative Officer or properly authorized designee.
- ❖ High quality computer generated reproductions of this form may be used.
- ❖ For further information on budgeting, please refer to the <u>Fiscal Guidelines for Federal and State Aided Grants</u> which may be accessed at www.oms.nysed.gov/cafe/ or call Grants Finance at (518) 474-4815.

SALARIES FOR PROFESSIONAL STAFF: Code 15

Include only staff that are employees of the agency. Do not include consultants or per diem staff. Do not include central administrative staff that are considered to be indirect costs, e.g., business office staff. One full-time equivalent (FTE) equals one person working an entire week each week of the project. Express partial FTE's in decimals, e.g., a teacher working one day per week equals .2 FTE.

Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
2022 Summer Enrichment Program Staff	5 Stipend Teachers 5 Staff Members working across the district 6 hours/day for 4 weeks (20 days) totals	600 hrs. x \$40.29/Hour	\$24,174.00
2023 Summer Enrichment Program	600 staff hours.5 Stipend Teachers	600 hrs. x \$41.90/Hour	\$25,140.00
Staff	5 Staff Members working across the district 6 hours/day for 4 weeks (20 days) totals 600 staff hours.		
2024 Summer Enrichment Program	5 Stipend Teachers 5 Staff Members working across the district 6 hours/day for 4 weeks (20 days) totals 600 staff hours.	600 hrs. x \$43.58/Hour	\$26,148.00
		Subtotal - Code 15	\$75,462.00

SALARIES FOR SUPPORT STAFF: Code 16

Include salaries for teacher aides, secretarial and clerical assistance, and for personnel in pupil transportation and building operation and maintenance. Do not include central administrative staff that are considered to be indirect costs, e.g., account clerks.

Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
		Subtotal - Code 16	

PURCHASED SERVICES: Code 40

Include consultants (indicate per diem rate), rentals, tuition, and other contractual services. Copies of contracts may be requested by the State Education Department. Purchased Services from a BOCES, if other than applicant agency, should be budgeted under Purchased Services with BOCES, Code 49.

Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
		Subtotal - Code 40	

SUPPLIES AND MATERIALS: Code 45

Beginning with the 2005-06 year include computer software, library books and equipment items under \$5,000 per unit.

For earlier years include computer software, library books and equipment items under 1,000 per unit.

Description of Item	Quantity	Unit Cost	Proposed Expenditure
2022 Supplies and Materials for the Summer Enrichment Program: Academic Supplies (including Math/Literacy supports), COVID supplies (wipes, mask, and sanitizer).	All Buildings: Primary School, Intermediate School, Middle School, and High School.	\$935.50 x 4 buildings	\$3,742.00
2023 Supplies and Materials for the Summer Enrichment Program:	All Buildings: Primary School, Intermediate School, Middle School, and High School.	\$935 x 4 buildings	\$3,740.00
Academic Supplies (including Math/Literacy supports), COVID supplies (wipes, mask, and sanitizer).			
2024 Supplies and Materials for the Summer Enrichment Program:	All Buildings: Primary School, Intermediate School, Middle School, and High School.	\$935 x 4 buildings	\$3,740.00
Academic Supplies (including Math/Literacy supports), COVID supplies (wipes, mask, and sanitizer).			
	I	Subtotal - Code 45	\$11,222.00

TRAVEL EXPENSES: Code 46

Include pupil transportation, conference costs and travel of staff between instructional sites. Specify agency approved mileage rate for travel by personal car or school-owned vehicle.

Position of Traveler	Destination and Purpose	Calculation of Cost	Proposed Expenditures
	2	Subtotal - Code 46	

EMPLOYEE BENEFITS: Code 80

Rates used for project personnel must be the same as those used for other agency personnel.

	Benefit	Proposed Expenditure
Social Security		\$5,772.00
	New York State Teachers	\$7,546.00
Retirement	New York State Employees	
	Other	
Health Insurance		
Worker's Compensa	ition	
Unemployment Insu	rance	
Other (Identify)		
	Subtotal – Code 80	\$13,318.00

INDIRECT COST: Code 90

A.	Modified Direct Cost Base – Sum of all preceded 16, 40, 45, 46, and 80 and excludes the portion exceeding \$25,000 and any flow through funds	of each subcontract	\$	(A)
B.	Approved Restricted Indirect Cost Rate		%	(B)
C.	(A) x (B) = Total Indirect Cost	Subtotal – Code 90	\$	(C)

PURCHASED SERVICES WITH BOCES: Code 49

Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
ľ			
5			
		Subtotal – Code 49	

MINOR REMODELING: Code 30

Allowable costs include salaries, associated employee benefits, purchased services, and supplies and materials related to alterations to existing sites.

Description of Work To be Performed	Calculation of Cost	Proposed Expenditure
	Subtotal – Code 30	

EQUIPMENT: Code 20

Beginning with the 2005-06 year all equipment to be purchased in support of this project with a unit cost of \$5,000 or more should be itemized in this category. Equipment items under \$5,000 should be budgeted under Supplies and Materials, Code 45. Repairs of equipment should be budgeted under Purchased Services, Code 40.

For earlier years the threshold for reporting equipment purchases was \$1,000 or more. Equipment items under \$1,000 should be budgeted under Supplies and Materials.

Description of Item	Quantity	Unit Cost	Proposed Expenditure
		Subtotal – Code 20	

BUDGET SUMMARY

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SUBTOTAL	CODE	PROJECT COSTS	
Professional Salaries	15	\$75,462.00	
Support Staff Salaries	16		
Purchased Services	40		
Supplies and Materials	45	\$11,222.00	
Travel Expenses	46		
Employee Benefits	08	\$13,318.00	
Indirect Cost	06		
BOCES Services	49		
Minor Remodeling	30		
Equipment	20		
Grand	Grand Total	\$100,002.00	"

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).

12/10 /2021

Date

Signature

Name and Title of Chief Administrative Officer

0 N) First Payment 0 ~ 3 ~ 0 4 To 0 ~ 0 FOR DEPARTMENT USE ONLY Date: 0 Greene Central School District 4 0 Amount Budgeted 0 (1 9 S ~ From 0 00 New non-municipal agencies only) 9 00 Federal Employer ID #: 0 S Fiscal Year ∞ Funding Dates: Agency Name: If pre-assigned) 0 Contract #: Approval: roject #: Program Agency ode:

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