# 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 Agenc	y Informatio	1	
Funding Source:	Funding Source: ARP - ESSER			
Report Prepared By:	Denise Cook, Superi	intendent		
Agency Name:	Deposit Central Scho	ools District		
Mailing Address:	171 2nd Street			
	Street			
Deposit NY 13754				
City State Zip Code			Zip Code	
Telephone # of Report Preparer: 607-467-	5380	County:	Delaware	
E-mail Address: dcook@deposit.stier.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			
Subtotal - Code 15 \$793,00					
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary		
Coordinator of Academic Enrichment	2.50	\$70,000	\$175,000		
Teacher (College/Career)	1.50	\$50,000	\$150,000		
Staff Development for Teachers	3.00	\$38/hour/teacher @ approx.526	\$60,000		
Summer School Teachers	3.00	\$50/hour/teacher	\$150,000		
After-School Enrichment Teachers	3.00	\$50/hour/teacher	\$150,000		
Licensed Social Workers for Mental Health Services	3.00	\$100/hour @ 360 hours/vear	\$108,000		

PURCHASED SERVICES				
		Subtotal - Code 40	\$60,000	
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure	
Staff Development for Teachers/Admin	Solution Tree	20,000/year	\$60,000	

	Subtotal - Code 16			
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary	
Instructional Aide	3.00	\$57,000.00	\$171,000	

SUPPLIES AND MATERIALS					
Subtotal - Code 45 \$60,66					
Description of Item	Quantity	Unit Cost	Proposed Expenditure		
Summer School Supplies - Various	3 years	5000/year	\$15,000		
After School Enrichment Supplies	3 years	5000/year	\$15,000		
Career/Tech Ed Supplies	3 years	10222/year	\$30,666		

	Employee Benefits	
	Subtotal - Code 80	\$99,577
	Benefit	Proposed Expenditure
Social Security		
	New York State Teachers	
Retirement	New York State Employees	
	Other - Pension	
Health Insurance	·	\$99,577
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

PURCHASED SERVICES WITH BOCES				
Subtotal - Code 49 \$130,00				
Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure	
On-Line Learning Academy for Students	Broome-Tioga BOCES	\$6500/student	\$130,000	

EQUIPMENT				
	\$20,000			
Description of Item	Quantity	Unit Cost	Proposed Expenditure	
Alternative Learning Space - Outdoor Pavilion	2.00	\$10,000.00	\$20,000	

## **BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS	
Professional Salaries	15	\$793,000	Agency Code: 031301040000
Support Staff Salaries	16	\$171,000	
Purchased Services	40	\$60,000	Project #: <b>5880-21-0175</b>
Supplies and Materials	45	\$60,666	
Travel Expenses	46		Contract #:
Employee Benefits	80	\$99,577	
Indirect Cost	90		
BOCES Services	49	\$130,000	Agency Name: Deposit Central School Distric
Minor Remodeling	30		·
Equipment	20	\$20,000	,
Grar	nd Total	\$1,334,243	FOR DEPARTMENT USE ONLY

### 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).

Date Signature

Denise Cook/Superintendent

Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLY					
Funding Dates:	From -	То			
Program Approval:		Date:			
Fiscal Year	First Payment	<u>Line #</u>			
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<del>,</del> ;	·				
Voucher #		First Payment			

Page 10 of 10

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