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

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

= R	equired	Field
-----	---------	-------

Local Agency Information				
Funding Source:	ARP-ESSER 1% State-Level Reserve - After S			
Report Prepared By:	Nancy L. Nowicki			
Agency Name:	Holland Patent Centra	al School Distric	et	
Mailing Address:	9601 Main Street Street			
	Holland Patent City	NY State	13354 Zip Code	
Telephone # of Report Preparer: 315-865-7	200	County: One	ida	
E-mail Address: nnowicki@hpschools.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/.

SALARIE	S FOR PROFESSI	ONAL STAFF	
		Subtotal - Code 15	\$149,768
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
7 Elemenatary Teachers	160 hours (2 days a week - 2 hours per day for 40 weeks)	\$7,218 (\$45.11 per hour - per HPTA contract)	\$50,526
5 Middle School Teachers	200 hours (2 days a week - 2.5 hours per day for 40 weeks)	\$9,022 (\$45.11 per hour - per HPTA contract)	\$45,110
5 High School Teachers	200 hours (2 days a week - 2.5 hours per day for 40 weeks)	\$9,022 (\$45.11 per hour - per HPTA contract)	\$45,110
1 Social Workers	200 hours (2 days a week - 2.5 hours per day for 40	\$9,022 (\$45.11 per hour - per HPTA contract)	\$9,022

SALAF	RIES FOR SUPPO	ORT STAFF	
	Subtotal - Code 16		
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
2 Secretary	200 hours (2 days a week - 2.5 hours per day for 40	\$1,920 (\$19.06 per hour - per CSEA contract)	\$3,811

	INDIRECT COST	
	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	
B.	Approved Restricted Indirect Cost Rate	
C.	Subtotal - Code 90	

For your information, maximum direct cost base =

\$153,579.00

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	\$149,768
Support Staff Salaries	16	\$3,811
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Gran	nd Total	\$153,579

Agency Code:	412201060000
Project #:	5883-21-2055
Contract #:	
Agency Name:	Holland Patent Central School District

CHIEF	<b>ADMINISTRAT</b>	OR'S CERT	IFICATION
CHIEF	ADMINIO LIZAL	OK 3 CEIVI	II IOAIIOI

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).

1,3,22	Denotton
Date	Signature \( \int \)

Dr. Cheryl Venettozzi, Supt. Of Schools
Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLY		
Funding Dates:	From	То
Program Approval:	Date	e:
<u>Fiscal Year</u>	First Payment	Line #
o <del>le de</del> E		
<del></del>		
=		<u> </u>
Voucher #	— — Firs	st Payment

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