

**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: GEER

Report Prepared By: Dr. Cheryl Venettozzi

Agency Name: Holland Patent Central School District

Mailing Address: 9601 Main Street

Holland Patent NY 13350
City State Zip Code

Telephone #: 315-865-7505 County: Oneida

E-Mail Address: cvenettozzi@hpschools.org

Project Operation Dates: 3/13/2020 9/30/2022
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 Fiscal Guidelines for Federal and State Aided Grants 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
Subtotal - Code 15			

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
Bus Drivers	15 FTE 1.0	3,352.20	50,283

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

Subtotal - Code 45			

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
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		
Retirement	New York State Teachers	
	New York State Employees	
	Other	

FS-10 Page 5

Health Insurance	
Worker's Compensation	
Unemployment Insurance	
Other (Identify)	
Subtotal – Code 80	

INDIRECT COST: Code 90

- | | | | | | | | | |
|---|---------------------------|---|----|-----|---|-----|----|-----|
| <p>A. 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)</p> <p>B. Approved Restricted Indirect Cost Rate</p> <p>C. (A) x (B) = Total Indirect Cost</p> | <p>Subtotal – Code 90</p> | <table border="1" style="width: 150px;"> <tr> <td align="center">\$</td> <td align="right">(A)</td> </tr> <tr> <td align="center">%</td> <td align="right">(B)</td> </tr> <tr> <td align="center">\$</td> <td align="right">(C)</td> </tr> </table> | \$ | (A) | % | (B) | \$ | (C) |
| \$ | (A) | | | | | | | |
| % | (B) | | | | | | | |
| \$ | (C) | | | | | | | |

PURCHASED SERVICES WITH BOCES: Code 49

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

MINOR REMODELING: Code 30

FS-10 Page 6

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			

HELPFUL REMINDERS

Check for the required number of copies to be submitted, including the number of original signature copies. The number of copies may vary from program to program. If unsure, contact the State Education Department office responsible for the program for which you are applying.

An approved copy of the FS-10 will be returned to the contact person at the address completed on page 1. A window envelope will be used for the return mailing; please make sure that the contact information is accurate, legible, and confined to the address field.

Be sure to check your math and carry all subtotals forward to the Summary on Page 8. Simple mathematical errors often require Grants Finance to contact both the local agency and other State Education Department offices, resulting in unnecessary delays in program approval. And remember, use whole dollars only.

School districts and BOCES should use the restricted indirect cost rate that has been approved for the school year in which the grant will operate. Most other agencies are subject to a fixed maximum rate depending on the grant program and type of agency. Contact Grants Finance at (518) 474-4815 if you have any questions regarding indirect costs.

The modified direct cost used in the calculation of indirect cost must exclude equipment, minor remodeling, the portion of each subcontract exceeding \$25,000 and any flow through funds.

Be sure to complete the Agency Code on Page 8 as well as the Project #, if pre-assigned.

FS-10 Page 8

For Special Legislative projects and Grant Contracts, please enter the Contract #.

For ease of data entry at the State Education Department, please make sure that Page 8 faces out.

Submit forms to the State Education Department as follows:

Application, FS-10, FS-10-A – Program Office

FS-25, FS-10-F for **Special Legislative Projects** –
Special Legislative Projects Coordinating Team
New York State Education Department
Room 132 Education Building
Albany, New York 12234

FS-25, FS-10-F for other projects –
Grants Finance
New York State Education Department
Room 510W Education Building
Albany, New York 12234

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FOR DEPARTMENT USE ONLY

_____/_____/_____ ____/____/_____
From To

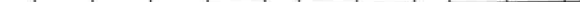
Date: _____[illegible]

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).

Voucher #	First Payment
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Log **Approved** **MIR**

Signature

Officer

LEA: Holland Patent Central School District	FOR TITLE: GEER
BEDSCODE: 412201060000	

BUDGET NARRATIVE

**** MUST BE SUBMITTED WITH EACH BUDGET IN THE CONSOLIDATED APPLICATION**

If using Transferability, please indicate on the Budget Narrative and FS-10 the amount of funds to be included under transferability in the budget categories where funds will be used. Example: In the Title IIA budget under Code 15 – Transferability - Title I Reading Teacher – FTE.35 - \$15,000.

CODE/ BUDGET CATEGORY	EXPLANATION OF EXPENDITURES IN THIS CATEGORY (as it relates to the program narrative for this title)
Code 15 <i>Professional Salaries</i>	
Code 16 <i>Support Staff Salaries</i>	The funds will be utilized in the protection of education-related jobs.
Code 40 <i>Purchased Services</i>	
Code 45 <i>Supplies and Materials</i>	
Code 46 <i>Travel Expenses</i>	

CODE/ BUDGET CATEGORY	EXPLANATION OF EXPENDITURES IN THIS CATEGORY (as it relates to the program narrative for this title)
Code 80 <i>Employee Benefits</i>	
Code 90 <i>Indirect Cost</i>	
Code 49 <i>BOCES Services</i>	
Code 30 <i>Minor Remodeling</i>	
Code 20 <i>Equipment</i>	