

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

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

= Required Field

Local Agency Information		
<b>Funding Source:</b>	Gov. Emergency Education Relief (ESSER II)	
<b>Report Prepared By:</b>	Jeremy Clingerman	
<b>Agency Name:</b>	Seneca Falls Central School District	
<b>Mailing Address:</b>	98 Clinton Street	
	Street	
	Seneca Falls	NY 13148
	City	State Zip Code
<b>Telephone # of Report Preparer:</b>	3155681818	<b>County:</b> Seneca
<b>E-mail Address:</b>	jclingerman@senecafallscsd.org	
<b>Project Funding Dates:</b>	3/13/2020 Start	9/30/2023 End

INSTRUCTIONS
<ul style="list-style-type: none"> <li>● 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.</li> <li>● The Chief Administrator's Certification on the Budget Summary worksheet must be signed by the agency's Chief Administrative Officer or properly authorized designee.</li> <li>● 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.</li> <li>● For information on budgeting refer to the Fiscal Guidelines for Federal and State Aided Grants at <a href="http://www.oms.nysed.gov/cafe/guidance/">http://www.oms.nysed.gov/cafe/guidance/</a>.</li> </ul>

**SALARIES FOR PROFESSIONAL STAFF**

Subtotal - Code 15			<b>\$949,552</b>
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Social Worker (Grades 6-12)	1.00	\$64,933	\$194,798
Social Worker (Grades K-2)	1.00	\$67,205	\$201,616
School Counselor (Grades 9-12)	1.00	\$48,524	\$145,572
Reading Teacher (Grades K-2)	1.00	\$53,397	\$160,192
ENL Teacher (Grades 3-5)	1.00	\$48,524	\$145,572
Special Education Teacher (Grades 9-12)	1.00	\$50,901	\$101,802

PURCHASED SERVICES			
Subtotal - Code 40			\$124,947
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Seneca County Mental Health Support Personnel	Seneca County Mental Health Department	37000 x 3 years	\$111,947
Rental Box for Furniture	A-Verdi Box Rentals	6500 x 2 years	\$13,000

Employee Benefits		
Subtotal - Code 80		\$36,174
Benefit		Proposed Expenditure
Social Security		
Retirement	New York State Teachers	\$10,180
	New York State Employees	
	Other - Pension	
Health Insurance		\$18,206
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		
FICA		\$7,788

**BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$949,552
Support Staff Salaries	16	
Purchased Services	40	\$124,947
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$36,174
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$1,110,673

Agency Code: **560701060000**

Project #: **5891-21-2820**

Contract #: \_\_\_\_\_

Agency Name: **Seneca Falls Central School District**

**FOR DEPARTMENT USE ONLY**

Funding Dates: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Program Approval: \_\_\_\_\_ Date: \_\_\_\_\_

<u>Fiscal Year</u>	<u>First Payment</u>	<u>Line #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
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Voucher # \_\_\_\_\_ First Payment \_\_\_\_\_

**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

**Name and Title of Chief Administrative Officer**

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

Approved \_\_\_\_\_

MIR \_\_\_\_\_