

= Required Field

Local Agency Information			
Funding Source:	ARP-ESSER 5%		
Report Prepared By:	Cynthia Hay		
Agency Name:	Red Creek CSD		
Mailing Address:	PO Box 190		
	Street		
	Red Creek	NY	13143
	City	State	Zip Code
Telephone # of Report Preparer:	315-754-2087	County: Wayne	
E-mail Address:	cynthia.hay@rccsd.org		
Project Funding Dates:	7/1/2021- Start	6/30/2024 End	

INSTRUCTIONS
<ul style="list-style-type: none"> • 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 FOR PROFESSIONAL STAFF			
Subtotal - Code 15			\$291,611
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Professional Development for Teachers after hours(reading, math, teaching vocab in content areas, etc.) (97 teachers x 17.5 hours x 3 years x \$28.86 per hour)	100 teachers at \$28.86 per hour x 17.5 hours	\$50,537	\$151,611
Learning lab instructor High School	1.0 for 2 years	\$70,000	\$140,000

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$208,000
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Reading Curriculum materials for learning loss	20.00	\$4,400.00	\$88,000
Math curriculum materials	38 teachers	\$3,157.00	\$120,000

PURCHASED SERVICES WITH BOCES			
Subtotal - Code 49			\$374,378
Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
Instructional Technology Coach - 11 days - focus grades 7-12 for 2 years	Wayne Finger Lakes	11 x 678.90 x2	\$14,936
Math Coach - 22 days - focus grades 4 & 5 for 2 years	Wayne Finger Lakes	22 x 678.95 x2	\$29,874
ELA Coach - 33 days - focus K-2 for 2 years	Wayne Finger Lakes	33 x 668.03 x2	\$44,810
Summer School for grades 7-12 for one year	Wayne Finger Lakes	42studentsx\$1190	\$46,578
ELA Coach for 33 days grades 6-12 for two years	Wayne Finger Lakes	33x668.03x2	\$44,090
Math coach for 33 days for three years grades 6-12	Wayne Finger Lakes	33 x \$668.03 x2 years	\$44,090
1/2 time psychologist for 3 years	Wayne Finger Lakes	50000 x3	\$150,000

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$291,611
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	\$208,000
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	\$374,378
Minor Remodeling	30	
Equipment	20	
Grand Total		\$873,989

Agency Code: **651503040000**

Project #: **5884-21-3595**

Contract #: _____

Agency Name: **Red Creek CSD**

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).

2/14/22 
 Date Signature

Brian M. Corey Superintendent
 Name and Title of Chief Administrative Officer

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 _____

Finance: Logged _____

Approved _____

MIR _____