

= Required Field

Local Agency Information			
Funding Source:	<input type="text" value="ESSER: 5880-21-XXXX"/>		
Report Prepared By:	<input type="text" value="SHAJI P. ZACHARIA"/>		
Agency Name:	<input type="text" value="HAWTHORNE CEDAR KNOLLS UFSD"/>		
Mailing Address:	<input type="text" value="226 LINDA AVENUE"/>		
	Street		
	<input type="text" value="HAWTHORNE"/>	<input type="text" value="NY"/>	<input type="text" value="10532"/>
	City	State	Zip Code
Telephone # of Report Preparer:	<input type="text" value="914-749-2908"/>	County: <input type="text" value="WESTCHESTER"/>	
E-mail Address:	<input type="text" value="szacharia@hcks.org"/>		
Project Funding Dates:	<u>3/13/2020</u> Start	<u>9/30/2024</u> 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			\$696,873
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Sp. Ed Teacher (A. Befi)	1.0000000	\$74,969	\$74,969
Sp. Ed Teacher (D. Anthony)	1.0000000	\$101,034	\$101,034
Sp. Ed Teacher (I. Innes)	1.0000000	\$74,662	\$74,662
Sp. Ed Teacher (M. Macafity)	1.0000000	\$103,965	\$103,965
Sp. Ed Teacher (S. Marshall)	1.0000000	\$82,716	\$82,716
Sp. Ed Teacher (K. Myron-Love)	1.0000000	\$87,388	\$87,388
Phys. Ed Teacher (S.Vega)	0.2314181	\$112,031	\$25,926
Sp. Ed Teacher (A. Befi)	0.1000000	\$77,458	\$7,746
Sp. Ed Teacher (D. Anthony)	0.1000000	\$103,833	\$10,383
Sp. Ed Teacher (M. Macafity)	0.1000000	\$103,965	\$10,397
Sp. Ed Teacher (S. Marshall)	0.1000000	\$85,197	\$8,520
Sp. Ed Teacher (K. Myron-Love)	0.1000000	\$90,173	\$9,017
Social Worker (M. Clarke)	0.1000000	\$116,812	\$11,681
Psychologist (M. Pizarz)	0.1000000	\$108,616	\$10,862
Social Worker (M. Brice)	0.1000000	\$92,481	\$9,248
Guidance (C. Hickey)	0.1000000	\$112,031	\$11,203
Psychologist (C. Pinnow)	0.1000000	\$116,812	\$11,681
Sp. Ed Teacher (M. Vasilevsky)	0.1000000	\$90,000	\$9,000
Sp. Ed Teacher (S. Baksh-Bert)	0.1000000	\$103,965	\$10,397
Sp. Ed Teacher (N. Voipe-Anderson)	0.1000000	\$103,965	\$10,397
Sp. Ed Teacher (M. Stolz)	0.1000000	\$103,965	\$10,397
Sp. Ed Teacher (J. Brunner)	0.0508440	\$103,965	\$5,286

PURCHASED SERVICES			
Subtotal - Code 40			\$34,193
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Air conditioning - Cooling Tower Distribution Basin Replacement	Tempaire of Westcheter Inc.	Cooling Tower Distribution Basin Replacement: \$12,924.00; Labor Cost and Start Up: \$3,968.00; Parts/Materials Mark Up (over contractor cost) 28%: \$4,730	\$21,622
Air conditioning - Cooling Tower Replacement FAN Support Rail	Tempaire of Westcheter Inc.	\$34,193.00	\$12,571

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$696,873
Support Staff Salaries	16	
Purchased Services	40	\$34,193
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$731,066

Agency Code: **660803020000**

Project #: **5880-21-XXXX**

Contract #: _____

Agency Name: **HAWTHORNE CEDAR KNOLLS UFSD**

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

<u>Fiscal Year</u>	<u>First Payment</u>	<u>Line #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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).

12/6/21 _____
Date Signature

Ray Raefski, Superintendent of Schools
Name and Title of Chief Administrative Officer

Finance: Logged _____

Approved _____

MIR _____