

= Required Field

| Local Agency Information | | |
|--|--|------------------------|
| Funding Source: | ARP ESSER State Reserves (Summer) | |
| Report Prepared By: | Michelle L Robinette | |
| Agency Name: | Phelps-Clifton Springs CSD | |
| Mailing Address: | 1490 State Route 488 | |
| | Street | |
| | Clifton Springs | NY 14432 |
| | City | State Zip Code |
| Telephone # of Report Preparer: | 315-548-6475 | County: Ontario |
| E-mail Address: | mrobinette@midlakes.org | |
| Project Funding Dates: | 3/13/2020 | 9/30/2024 |
| | Start | 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 | | | \$290,990 |
| Specific Position Title | Full-Time Equivalent | Annualized Rate of Pay | Project Salary |
| Summer Academic Program K-12 for three years (hourly) | 7,200 hours | \$35/hour | \$252,000 |
| Musical Instrument Lessons for three years (hourly) | 540 hours | \$35/hour | \$18,900 |
| Camp Invention K-6 STEM for Summer 2023 (hourly) | 574 hours | \$35/hour | \$20,090 |

| SUPPLIES AND MATERIALS | | | |
|--|----------|-----------|----------------------|
| Subtotal - Code 45 | | | \$45,782 |
| Description of Item | Quantity | Unit Cost | Proposed Expenditure |
| 6 + 1 Traits Crates Plus (4 each for grades K-5) | 24.00 | \$175.00 | \$4,200 |
| Kindergarten Phonemic Awareness Curriculum Manuals from Heggerty | 7.00 | \$85.85 | \$601 |
| Primary Phonemic Awareness Curriculum Manuals from Heggerty | 7.00 | \$85.85 | \$601 |
| Bridge the Gap Phonemic Awareness Curriculum Manuals from Heggerty | 7.00 | \$65.85 | \$461 |
| Musical Instruments (approximately 11 instruments based on student interest and need - will loan to families who can't rent or buy, approximate price of \$307.15) | 11.00 | \$307.15 | \$3,379 |
| Camp Invention (curriculum, materials and PD from National Inventors Hall of Fame @\$145 per student) | 252.00 | \$145.00 | \$36,540 |

BUDGET SUMMARY

| SUBTOTAL | CODE | PROJECT COSTS |
|------------------------|------|---------------|
| Professional Salaries | 15 | \$290,990 |
| Support Staff Salaries | 16 | |
| Purchased Services | 40 | |
| Supplies and Materials | 45 | \$45,782 |
| Travel Expenses | 46 | |
| Employee Benefits | 80 | |
| Indirect Cost | 90 | |
| BOCES Services | 49 | |
| Minor Remodeling | 30 | |
| Equipment | 20 | |
| Grand Total | | \$336,772 |

Agency Code: **431301060000**

Project #: **5882-21-2205**

Contract #: _____

Agency Name: **Phelps-Clifton Springs CSD**

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To _____

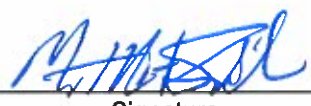
Program Approval: _____ Date: _____

| <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).

2/7/22 

Date Signature

Matthew Sickles, Superintendent
Name and Title of Chief Administrative Officer

Finance: Logged _____

Approved _____

MIR _____

