

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		
Funding Source:	TITLE I - ESSER	
Report Prepared By:		
Agency Name:	ONTEORA CENTRAL SCHOOL DISTRICT	
Mailing Address:	PO BOX 300	
	Street	
	BOICEVILLE	NY 12412
	City	State Zip Code
Telephone # of Report Preparer:	845-657-8499	County: Ulster
E-mail Address:	mlaclair@onteora.k12.ny.us	
Project Funding Dates:	3/13/2020 Start	9/30/2022 End

INSTRUCTIONS

- 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			\$604,812
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Social Worker - Courtney Blake	1.00	\$76,221	\$76,221
Social Worker - Laura Schwarz	1.00	\$72,466	\$72,466
Social Worker - Megan Schenker	1.00	\$99,066	\$99,066
Social Worker - Kevin White	1.00	\$98,137	\$98,137
Psychologist - Diana Johnson	0.96	\$94,666	\$91,212
Guidance Counselor - Sam Smith	0.79	\$75,964	\$60,080
Guidance Counselor - Candice Sosler	1.00	\$107,630	\$107,630

PURCHASED SERVICES			
Subtotal - Code 40			\$9,744
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Therapeutic Consultation	Maverick Psychotherapy	varied \$150 to \$200/Hr.	\$3,666
Nursing Services	Cindy D'Esposito	187 Hours @ \$32.50/Hr	\$6,078

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$6,140
Description of Item	Quantity	Unit Cost	Proposed Expenditure
SEL Comprehensive Kit English & Spanish	5.00	\$575.25	\$2,876
Mental Health in Schools Book	25.00	\$43.60	\$1,090
Caring Friends Rug	4.00	\$260.00	\$1,040
Health Smart Emotional & Mental Health	6.00	\$189.00	\$1,134

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$604,812
Support Staff Salaries	16	
Purchased Services	40	\$9,744
Supplies and Materials	45	\$6,140
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$620,696

Agency Code: **621201060000**Project #: **5890-21-3425**

Contract #:

Agency Name: **ONTEORA CENTRAL SCHOOL DISTRICT****FOR DEPARTMENT USE ONLY**

Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

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).

2/25/21

Date

Victoria McLean

Signature

Victoria McLean, Superintendent

Name and Title of Chief Administrative Officer**Fiscal Year****First Payment****Line #**

Voucher #

First Payment

Finance: Logged _____

Approved _____

MIR _____