

Local Agency Information

Funding Source: Title I, Part A

Report Prepared By: Rachel DePaul

Agency Name: Croton-Harmon UFSD

Mailing Address: 10 Gerstein Street

Street

Croton-on-Hudson

New York

10520

City

State

Zip Code

Telephone #: 914-271-6675

County: Westchester

E-Mail Address: Rachel.DePaul@chufsd.org

Project Operation Dates: 09 / 01 / 2022
 Start

08 / 31 / 2023
 End

INSTRUCTIONS

- ❖ Submit the original 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 the Grants Finance.
- ❖ Enter whole dollar amounts only.
- ❖ Prior approval by means of an approved budget (FS-10) or budget amendment (FS-10-A) is required for:
 - Personnel positions, number and type
 - Equipment items having a unit value of \$5,000 or more, number and type
 - Minor remodeling
 - Any increase in a budget subtotal (professional salaries, purchased services, travel, etc.) by more than 10 percent or \$1,000, whichever is greater
 - Any increase in the total budget amount.
- ❖ Certification on page 8 must be signed by Chief Administrative Officer or properly authorized designee.
- ❖ High quality computer generated reproductions of this form may be used.
- ❖ For further information on budgeting, please refer to the Fiscal Guidelines for Federal and State Aided Grants which may be accessed at www.oms.nysed.gov/cafef/ or call Grants Finance at (518) 474-4815.

SALARIES FOR PROFESSIONAL STAFF: Code 15

Include only staff that are employees of the agency. Do not include consultants or per diem staff. Do not include central administrative staff that are considered to be indirect costs, e.g., business office staff. One full-time equivalent (FTE) equals one person working an entire week each week of the project. Express partial FTE's in decimals, e.g., a teacher working one day per week equals .2 FTE.

Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Speech/Language Pathologist	0.65 FTE	\$44,371.00	\$44,371.00
Certified Occupational Therapist Assistant	0.54 FTE	\$10,775.00	\$10,775.00
Subtotal - Code 15			\$55,146.00

SALARIES FOR SUPPORT STAFF: Code 16

Include salaries for teacher aides, secretarial and clerical assistance, and for personnel in pupil transportation and building operation and maintenance. Do not include central administrative staff that are considered to be indirect costs, e.g., account clerks.

Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Subtotal - Code 16			

PURCHASED SERVICES: Code 40

Include consultants (indicate per diem rate), rentals, tuition, and other contractual services. Copies of contracts may be requested by the State Education Department. Purchased Services from a BOCES, if other than applicant agency, should be budgeted under Purchased Services with BOCES, Code 49.

Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Subtotal - Code 40			

SUPPLIES AND MATERIALS: Code 45

Beginning with the 2005-06 year include computer software, library books and equipment items under \$5,000 per unit.

For earlier years include computer software, library books and equipment items under 1,000 per unit.

Description of Item	Quantity	Unit Cost	Proposed Expenditure
Homeless Reserve Fund		\$322.00	\$322.00
Subtotal - Code 45			\$322.00

TRAVEL EXPENSES: Code 46

Include pupil transportation, conference costs and travel of staff between instructional sites. Specify agency approved mileage rate for travel by personal car or school-owned vehicle.

Position of Traveler	Destination and Purpose	Calculation of Cost	Proposed Expenditures
Subtotal - Code 46			

EMPLOYEE BENEFITS: Code 80

Rates used for project personnel must be the same as those used for other agency personnel.

Benefit		Proposed Expenditure
Social Security		
Retirement	New York State Teachers	
	New York State Employees	
	Other	
Health Insurance		
Worker's Compensation		
Unemployment Insurance		
Other (Identify)		
Subtotal - Code 80		

INDIRECT COST: Code 90

A. Modified Direct Cost Base – Sum of all preceding subtotals (codes 15, 16, 40, 45, 46, and 80 and excludes the portion of each subcontract exceeding \$25,000 and any flow through funds)	\$	(A)
B. Approved Restricted Indirect Cost Rate	%	(B)
C. (A) x (B) = Total Indirect Cost	\$	(C)

Subtotal – Code 90

PURCHASED SERVICES WITH BOCES: Code 49

Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
Subtotal – Code 49			

MINOR REMODELING: Code 30

Allowable costs include salaries, associated employee benefits, purchased services, and supplies and materials related to alterations to existing sites.

Description of Work To be Performed	Calculation of Cost	Proposed Expenditure
Subtotal – Code 30		

EQUIPMENT: Code 20

Beginning with the 2005-06 year all equipment to be purchased in support of this project with a unit cost of \$5,000 or more should be itemized in this category. Equipment items under \$5,000 should be budgeted under Supplies and Materials, Code 45. Repairs of equipment should be budgeted under Purchased Services, Code 40.

For earlier years the threshold for reporting equipment purchases was \$1,000 or more. Equipment items under \$1,000 should be budgeted under Supplies and Materials.

Description of Item	Quantity	Unit Cost	Proposed Expenditure
		Subtotal – Code 20	

HELPFUL REMINDERS

- ❖ Check for the required number of copies to be submitted, including the number of original signature copies. The number of copies may vary from program to program. If unsure, contact the State Education Department office responsible for the program for which you are applying.
- ❖ An approved copy of the FS-10 will be returned to the contact person at the address completed on page 1. A window envelope will be used for the return mailing; please make sure that the contact information is accurate, legible, and confined to the address field.
- ❖ Be sure to check your math and carry all subtotals forward to the Summary on Page 8. Simple mathematical errors often require Grants Finance to contact both the local agency and other State Education Department offices, resulting in unnecessary delays in program approval. And remember, use whole dollars only.
- ❖ School districts and BOCES should use the restricted indirect cost rate that has been approved for the school year in which the grant will operate. Most other agencies are subject to a fixed maximum rate depending on the grant program and type of agency. Contact Grants Finance at (518) 474-4815 if you have any questions regarding indirect costs.
- ❖ The modified direct cost used in the calculation of indirect cost must exclude equipment, minor remodeling, the portion of each subcontract exceeding \$25,000 and any flow through funds.
- ❖ Be sure to complete the Agency Code on Page 8 as well as the Project #, if pre-assigned.
- ❖ For Special Legislative projects and Grant Contracts, please enter the Contract #.
- ❖ For ease of data entry at the State Education Department, please make sure that Page 8 faces out.
- ❖ Submit forms to the State Education Department as follows:

Application, FS-10, FS-10-A – Program Office

FS-25, FS-10-F for **Special Legislative Projects** –
Special Legislative Projects Coordinating Team
New York State Education Department
Room 132 Education Building
Albany, New York 12234

FS-25, FS-10-F for other projects –
Grants Finance
New York State Education Department
Room 510W Education Building
Albany, New York 12234

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$55,146.00
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	\$322.00
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$55,468.00

Agency Code: 6 6 0 2 0 2 0 3 0 0 0 0

Project #: (If pre-assigned)

Contract #:

Federal Employer ID #: (New non-municipal agencies only)

Agency Name:

FOR DEPARTMENT USE ONLY

Funding Dates: / / From / / To

Program Approval: Date:

Fiscal Year	Amount Budgeted	First Payment


Voucher # _____ First Payment _____

Finance: _____ Log _____ Approved _____ MIR _____

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: 10/14/22

Signature: 

Name and Title of Chief Administrative Officer: _____

Local Agency Information

Funding Source:	Title I, Part A		
Report Prepared By:	Rachel DePaul		
Agency Name:	Croton-Harmon UFSD		
Mailing Address:	10 Gerstein Street		
	Street		
	Croton-on-Hudson	New York	10520
	City	State	Zip Code
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Subtotal - Code 45			\$322.00

CF121
 ENTRY DATE 05/17/23
 PROJECT 0021233610
 SED CODE 660202030000
 NYC DOC #

GRANTS FINANCE
 PROJECT STATUS REPORT
 TITLE 1-PT A-IMPROV ACAD ACHMT F/DIS
 CROTON-HARMON UFSD

RUN DATE 05/17/23

BUDGET DETAIL INFORMATION

PROF SALARY	15	55,146.00	BEGIN DATE	09/01/22
NON PROF SALARY	16	0.00	END DATE	08/31/23
PURCH SERVICES	40	0.00	AMENDMENT #	
SUPP & MATERIAL	45	322.00	CONTRACT #	
TRAVEL EXPENSE	46	0.00	STOP DATE	
EMP BENEFITS	80	0.00	REFUND CHECK #	
INDIRECT COST	90	0.00	IND COST RATE	3.3
BOCES SERVICES	49	0.00	INT ELIG	N
REMODELING	30	0.00		
EQUIPMENT	20	0.00		

BUDGET SUMMARY INFORMATION

FUNDYEAR	BUDGET SPLITS	PAID TO DATE	OUTSTANDING ENC
002123	55,468.00	11,093.00	44,375.00
002122	0.00	0.00	0.00
002121	0.00	0.00	0.00
	0.00	0.00	0.00
	0.00	0.00	0.00
TOTAL	55,468.00	11,093.00	44,375.00

LOG AND CONTRACT DATES

BUDGET	RECEIVED	ENTERED	CONTRACT	APPROVED
INTERIM	05/16/23	05/17/23		
FINAL				

CASH DETAIL

ENTRY	DOC #	TRANS	ENC	RPT	LINE	AMOUNT	FUNDYR	MIR	PD DT	ST
051723	605785F	INIT	000	05/23	01	11,093.00	002123	051623		ENT

THIS BUDGET HAS BEEN PROCESSED BY THE NEW YORK STATE
 EDUCATION DEPARTMENT. THIS SUMMARY REPLACES THE SIGNED COPY.

LEA: Croton-Harmon UFSD	FOR TITLE: Title I, Part A
BEDSCODE: 660202030000	

BUDGET NARRATIVE

**** MUST BE SUBMITTED WITH EACH BUDGET IN THE CONSOLIDATED APPLICATION**

If using Transferability, please indicate on the Budget Narrative and FS-10 the amount of funds to be included under transferability in the budget categories where funds will be used. Example: In the Title IIA budget under Code 15 – Transferability - Title I Reading Teacher – FTE.35 - \$15,000.

CODE/ BUDGET CATEGORY	EXPLANATION OF EXPENDITURES IN THIS CATEGORY (as it relates to the program narrative for this title)
<i>Code 15 Professional Salaries</i>	<p><i>These two positions deliver discretionary services to student at risk to provide supports necessary to provide the student with the skills to access their education without the support of special education or services through the CSE.</i></p> <p><i>The Speech-Language Pathologist (SLP) supports students who have screened as at risk and in need of remediation for an expressive or receptive communication deficit. The screening begin at the Kindergarten screening sessions. Teacher referrals through the RtI Team also are made. The SLP delivers 6-8 weeks of intervention services to remediate the deficit. If the student meets the exit criteria, the student requires no further intervention. This intervention has led to a reduce amount of referrals for speech services.</i></p> <p><i>The Certified Occupational Therapist Assistant (COTA) supports students who have screened as at risk and in need of remediation for fine motor or handwriting deficits. The screening begin at the Kindergarten screening sessions. Teacher referrals through the RtI Team also are made. The COTA delivers 6-8 weeks of intervention services to remediate the deficit. If the student meets the exit criteria, the student requires no further intervention. This intervention has led to a reduce amount of referrals for occupational therapy services.</i></p>
<i>Code 16 Support Staff Salaries</i>	

CODE/ BUDGET CATEGORY	EXPLANATION OF EXPENDITURES IN THIS CATEGORY (as it relates to the program narrative for this title)
<i>Code 40 Purchased Services</i>	
<i>Code 45 Supplies and Materials</i>	<i>The Homeless Reserve Fund is maintained to support students who are at risk of homelessness or placed in emergency housing. These funds can be utilized to provide much needed items to support the student during this uncertain transition.</i>
<i>Code 46 Travel Expenses</i>	

CODE/ BUDGET CATEGORY	EXPLANATION OF EXPENDITURES IN THIS CATEGORY <i>(as it relates to the program narrative for this title)</i>
Code 80 <i>Employee Benefits</i>	
Code 90 <i>Indirect Cost</i>	
Code 49 <i>BOCES Services</i>	
Code 30 <i>Minor Remodeling</i>	
Code 20 <i>Equipment</i>	