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:	ARP--ESSER 5% State-Level Reserve--Addres	
Report Prepared By:	Megan Foster	
Agency Name:	Hermon-DeKalb Central School	
Mailing Address:	709 East DeKalb Road	
	Street	
	DeKalb Junction / City	NY / State	13630 / Zip Code

Telephone # of Report Preparer:	315-347-3442	**County:**	St. Lawrence
E-mail Address:	mfoster@hdcsk12.org		

Project Funding Dates: 3/13/2020 (Start) — 9/30/2024 (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	
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary

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

PURCHASED SERVICES			
		Subtotal - Code 40	$100,002
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
College Class Tuition	Hudson Valley Community College	40 classes @ $600	$24,000
Social/Emotional Program for students in grades 9-12 to discuss empathy	Point Break	2 sessions @ $4,000 each	$8,000
Behavior Consultant (Shared with Edwards-Knox Central School)	Edwards-Knox Central School	2 years @ $32,201	$64,402
Social/Emotional Program for students in grades 7-12 to reduce school violence	Rachel's Challenge	1 session @ $3,600	$3,600

SUPPLIES AND MATERIALS			
		Subtotal - Code 45	
Description of Item	Quantity	Unit Cost	Proposed Expenditure

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

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

INDIRECT COST		
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) **Manual Entry	
B.	Approved Restricted Indirect Cost Rate	
C.	Subtotal - Code 90	
	For your information, maximum direct cost base =	$100,002.00
	To calculate Modified Direct Cost Base, reduce maximum direct cost base by the portion of each subcontract exceeding $25,000 and any flow through funds.	

PURCHASED SERVICES WITH BOCES			
		Subtotal - Code 49	
Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure

MINOR REMODELING		
	Subtotal - Code 30	
Description of Work to be Performed	Calculation of Cost	Proposed Expenditure

EQUIPMENT			
		Subtotal - Code 20	
Description of Item	Quantity	Unit Cost	Proposed Expenditure

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	16	
Purchased Services	40	$100,002
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		$100,002

Agency Code: **511301040000**

Project #: **5884-21-2615**

Contract #:

Agency Name: Hermon-DeKalb Central School

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).

12/16/21 Mark White

Date Signature

Mark White, Superintendent

Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To

Program Approval: _____ Date: _____

Fiscal Year	First Payment	Line

Voucher # First Payment