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:	CRRSA Act ESSER 2
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:	3/1/2020 (Start) 9/1/2023 (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	$493,667
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
AIS Teacher (7-12)	1.00	21-22 $55,792	$113,537
		22-23 $57745	
AIS Teaching Assistant	2.00	21-22 $27,747	$112,930
		22-23 $28,718	
Summer Assistant Principal Stipend	Per Diem for 10 days	21-22 $350 per day	$3,500
		22-23 $370 per day	$3,700
2021 Summer School Teachers	4.00	$30 per hr/20 hrs per week/4 weeks	$9,600
2021 Summer School Teaching Assistants	3.00	$20 per hr/20 hrs per week/4 weeks	$4,800
2021 Summer School Cooridnator	1.00	$40 per hr/25 hrs per week/4 weeks	$4,000
2021 Summer School Counselor	1.00	$30 per hr/20 hrs per week/4 weeks	$2,400
2022 Summer School Teachers	6.00	$30 per hr/20 per week/4 weeks	$14,400
2022 Summer School Teaching Assistants	3.00	$20 per hr/20 hrs per week/4 weeks	$4,800
2022 Summer School Cooridnator	1.00	$40 per hr/25 hrs per week/4 weeks	$4,000
2022 Summer School Counselor	1.00	$30 per hr/20 hrs per week/4 weeks	$2,400
After-School Coordinator	1.00	$40 per hr/6 hrs per week/ 70 weeks	$16,800
After-School Teachers	12.00	$30 per hr/6 hrs per week/ 70 weeks	$151,200
After-School Teaching Assistant	1.00	$20 per hr/6 hrs per week/ 70 weeks	$8,400
After-School Counselor	1.00	$30 per hr/6 hrs per week/70 weeks	$12,600
After-School STEM Teacher	1.00	$30 per hr/6 hrs per week/70 weeks	$12,600
After-School Enrichment Teacher	Stipend	$6,000 per year (21-22 and 22-23 school years)	$12,000

SALARIES FOR SUPPORT STAFF			
		Subtotal - Code 16	$10,800
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
2021 Summer School Food Service Workers	2.00	$15 per hr/25 hrs per week/ 4 weeks	$3,000
2021 Summer School Nurse	1.00	$30 per hr/20 hrs per week/4 weeks	$2,400
2022 Summer School Food Service Workers	2.00	$15 per hr/25 hrs per week/4 weeks	$3,000
2022 Summer School Nurse	1.00	$30 per hr/20 hrs per week/4 weeks	$2,400

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

SUPPLIES AND MATERIALS			
		Subtotal - Code 45	$5,972
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Leveled Books for grades K-6 for summer school and after-school programs	Varies	Varies	$5,000
Notebooks, pens, pencils, crayons, sticky notes for summer school and after-school programs	Varies	Varies	$972

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

Employee Benefits		
	Subtotal - Code 80	$91,268
Benefit		**Proposed Expenditure**
Social Security		$38,592
Retirement	New York State Teachers	$48,379
	New York State Employees	$1,976
	Other - Pension	
Health Insurance		
Worker's Compensation		$2,321
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	null

For your information, maximum direct cost base = $601,707.00

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	null
Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure

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

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

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	$493,667
Support Staff Salaries	16	$10,800
Purchased Services	40	null
Supplies and Materials	45	$5,972
Travel Expenses	46	null
Employee Benefits	80	$91,268
Indirect Cost	90	null
BOCES Services	49	null
Minor Remodeling	30	null
Equipment	20	null
Grand Total		$601,707

Agency Code: **511301040000**

Project #: **5891-21-2615**

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).

6/29/21 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

Finance: Logged _____ Approved _____ MIR _____