

= Required Field

Local Agency Information		
Funding Source:	Coronavirus Response & Relief Supplemental Appropriations Act (CRRSA)- GEER	
Report Prepared By:	Linda Steinberg	
Agency Name:	Hyde Park Central School District	
Mailing Address:	11 Boice Rd., PO Box 2033	
	Street	
	Hyde Park	NY 12538
	City	State Zip Code
Telephone # of Report Preparer:	845-229-4009	County: Dutchess
E-mail Address:	lsteinberg@hpcsd.org	
Project Funding Dates:	3/13/2020	9/30/2023
	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			\$59,270
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
2ND GRADE TEACHER- to mitigate class size at one elementary school. The 2021-22 2nd grade class size is larger than most classes at Violet Ave. Elementary	0.9302	\$63,718	\$59,270

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

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

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		\$40,233
Benefit		Proposed Expenditure
Social Security		\$4,534
Retirement	New York State Teachers	\$5,808
	New York State Employees	
	Other - Pension	
Health Insurance		\$28,297
Worker's Compensation		\$343
Unemployment Insurance		
Other(Identify)		
Welfare Benefit Trust		\$1,251

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 = \$99,503.00

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	\$59,270
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$40,233
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$99,503

Agency Code: 130801060000

Project #: 5896 21 0650

Contract #: _____

Agency Name: Hyde Park Central School District

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

Fiscal Year

First Payment

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ 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).

7/12/21
Date

[Signature]
Signature

Ariana Kaska / Superintendent
Name and Title of Chief Administrative Officer