

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 - State Reserves	
Report Prepared By:	Derek Vallese	
Agency Name:	Victor Central School District	
Mailing Address:	953 High Street	
	Street	
	Victor	14564
	NY	State
	City	Zip Code
Telephone # of Report Preparer:	585-924-3252	County: Ontario
E-mail Address:	vallesed@victorschools.org	
Project Funding Dates:	3/13/2020	9/30/2024
	Start	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
			\$390,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Summer Enrichment Teacher - 750 hours		\$40 per hour	\$30,000
Summer Academy Teacher - 7,000 hours		\$40 per hour	\$280,000
ENL Summer Academy - 1,000 hours		\$40 per hour	\$40,000
College Camp - 1,000 hours		\$40 per hour	\$40,000

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$38,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Nurses to assist summer programs	200 Hours	Up to \$30/hour	\$6,000
Transportation staff to transport students	960 Hours	\$25/hour	\$24,000
Aides to support summer programs	320 Hours	Up to \$25/hour	\$8,000

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		\$71,996
Benefit		Proposed Expenditure
Social Security		\$32,742
Retirement	New York State Teachers	\$34,254
	New York State Employees	\$5,000
	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 = **\$499,996.00**

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	\$390,000
Support Staff Salaries	16	\$38,000
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$71,996
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$499,996

Agency Code:

Project #:

Contract #:

Agency Name:

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To _____


Program Approval: _____ Date: _____

<u>Fiscal Year</u>	<u>First Payment</u>	<u>Line #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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).

3/18/22 

Date _____ Signature _____

Timothy Terranova
Superintendent of Schools

Name and Title of Chief Administrative Officer