

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:	American Rescue Plan Act of 2021		
Report Prepared By:	John Wolski		
Agency Name:	Iroquois Central School District		
Mailing Address:	2111 Girdle Road		
	Street		
	Elma	NY	14059
	City	State	Zip Code
Telephone # of Report Preparer:	716-652-3000 x1200		County: Erie
E-mail Address:	jwolski@iroquoiscsd.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			\$819,361
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
RTI Teacher (BB)	1.00	72500 (yr 1) + 74,675 (yr 2) + 76,915 (yr 3)	\$224,090
RTI Teacher - Marilla	1.00	45000 (yr1) + 48,000 (yr2) + 52,000(yr3)	\$145,000
Teacher on Special Assigment (Elementary Literacy Specialist)	1.00	yr 1: \$135,000 + yr 2: 139,050 + yr3: 143,221	\$417,271
Additional summer hours for Social Workers - 3 summers	1.00	Ave \$55/hr x 200 hours x 3 summers	\$33,000

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$129,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
salaries for transportation to support extended school day activities	3 drivers (approx. 5 hrs/day x \$20/hr x 144 days x 3 years each)	\$19.90/hr	\$129,000

PURCHASED SERVICES			
Subtotal - Code 40			\$147,000
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Purchase of SMARTS Program: evaluation/curriculum for Special Education (software)	Research Institute for Learning and Development	20 licenses x \$450 each x 3 years	\$27,000
Contracted speech Therapy services	Buffalo Speech Therapy	1500 hours@ \$80/hr	\$120,000

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$97,000
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Additional individual desks to replace tables	200.00	\$256.95	\$51,400
Additional partitions to provide safe separation of students	930.00	\$20.00	\$18,600
supplies for cleaning and sanitizing: Hand sanitizer 64 oz	300.00	\$37.99	\$11,397
supplies for cleaning and sanitizing: Disinfecting wipes large pail	355.00	\$43.95	\$15,603

Employee Benefits		
Subtotal - Code 80		\$216,067
Benefit		Proposed Expenditure
Social Security		\$31,921
Retirement	New York State Teachers	\$40,893
	New York State Employees	
	Other - Pension	
Health Insurance		\$143,253
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$819,361
Support Staff Salaries	16	\$129,000
Purchased Services	40	\$147,000
Supplies and Materials	45	\$97,000
Travel Expenses	46	
Employee Benefits	80	\$216,067
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$1,408,428

Agency Code: **141301060000**Project #: **5880-21-0785**Contract #: Agency Name: **Iroquois Central School District****FOR DEPARTMENT USE ONLY**Funding Dates: _____
From _____ To _____

Program Approval: _____ Date: _____

Fiscal Year**First Payment****Line #**

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

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).

12/29/21

Date



Signature

Douglas Scofield, Superintendent of Schools
Name and Title of Chief Administrative Officer

Finance: Logged _____

Approved _____

MIR _____