

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:	CARES Act III ARP Sec 611 Supplement		
Report Prepared By:	Erin Brennan		
Agency Name:	Chester Union Free School District		
Mailing Address:	64 Hambletonian Avenue		
	Street		
	Chester, NY 10918		
	City	State	Zip Code
Telephone # of Report Preparer:	845-469-9184x3408	County:	Orange
E-mail Address:	erin.brennan@chesterufsd.org		
Project Funding Dates:	7/1/2021	9/30/2023	
	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			\$28,050
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Teacher-Special Education 2021-22	0.30	\$93,500	\$28,050

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$5,449
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Secretary	0.10	\$54,491.00	\$5,449

PURCHASED SERVICES			
Subtotal - Code 40			\$3,472
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
# of Students for Supplemental Allocation			
3	Center for Discovery	\$217.00	\$651
1	NY School for the Deaf	\$217.00	\$217
1	Abilities First	\$217.00	\$217
3	Field of Dreams	\$217.00	\$651
3	Learning Together	\$217.00	\$651
1	Center for Spectrum Serv	\$217.00	\$217
1	Fred S Keller	\$217.00	\$217
3	Inspire	\$217.00	\$651

Employee Benefits		
Subtotal - Code 80		\$13,119
Benefit		Proposed Expenditure
Social Security		\$2,563
Retirement	New York State Teachers	\$3,647
	New York State Employees	\$681
	Other - Pension	
Health Insurance		\$6,228
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$28,050
Support Staff Salaries	16	\$5,449
Purchased Services	40	\$3,472
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$13,119
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$50,090

Agency Code:

440201020000

Project #:

5532-22-0676

Contract #:

Agency Name:

Chester Union Free School District

FOR DEPARTMENT USE ONLY

Funding Dates:

From

To

Program Approval:

Date:

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).

11/12/2021

Date



Signature

Denis Petrilak, Superintendent**Name and Title of Chief Administrative Officer****Fiscal Year****First Payment****Line #**

Voucher #

First Payment

Finance: Logged _____

Approved _____

MIR _____