The University of the State of New York THE STATE EDUCATION DEPARTMENT

PROPOSED BUDGET FOR A FEDERAL OR STATE PROJECT FS-10 (03/15)

	= Require	d Field
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Local Agency Information					
Funding Source:	ARP-ESSER 5% State-Level Reserve				
Report Prepared By:	Matt Crumb				
Agency Name:	Hamilton CSD				
Mailing Address:	47 W. Kendrick Ave				
	Street				
	Hamilton	NY	13346		
	City	State	Zip Code		
Telephone # of Report Preparer: (315) 824-6372 County: Madison					
E-mail Address: mcrumb@hamiltoncentral.org					
Project Funding Dates:	3/13/2020 Start		9/30/2024 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 \$102,87			
Specific Position Title	Project Salary		
AIS Math Teacher (2021-2022)	0.50	\$66,868	\$33,434
AIS Math Teacher (2022-2023) 0.50		\$68,874	\$34,437
AIS Math Teacher (2023-2024)	0.50	\$70,000	\$35,000

SALAR	IES FOR SUPPOR	RT STAFF		
		Subtotal - Code 16	\$187,772	
Specific Position Title	Full-Time Annualized Rate of Project Sala			
Teacher Aides (2021-2022)	3.00	\$20,250.00	\$60,750	
Teacher Aides (2022-2023)	3.00	\$20,857.00	\$62,573	
Teacher Aides (2023-2024)	3.00	\$21,483.00	\$64,449	

	PURCHASED SERVI	CES	
		Subtotal - Code 40	\$108,000
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Behavioral Specialst Evaluations and Support	Kelbermann Center	\$125 per hour x 8 hours per week x 36 weeks x 3 years	\$108,000
\$36,000 annually for 21-22, 22-23, 23-24			

《美国大学》 (1985年) [1986年 [1986] [1986	Employee Benefits	
	Subtotal - Code 80	\$101,353
Benefit		Proposed Expenditure
Social Security		\$22,234
	New York State Teachers	\$10,082
Retirement	New York State Employees	\$19,904
	Other - Pension	
Health Insurance		\$49,133
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$102,871
Support Staff Salaries	16	\$187,772
Purchased Services	40	\$108,000
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$101,353
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$499,996

Agency Code:	250701040000
Project #:	5884-21-1300
Contract #:	
Agency Name:	Hamilton CSD

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).

Date Signature

William Dowsland, Superintendent
Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLY				
Funding Dates:	From	То		
Program Approval:	Date	2:		
<u>Fiscal Year</u>	First Payment	<u>Line #</u>		
		- <u></u>		
Voucher#		t Payment		