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:	ESSER-2: Elem./Sec. Schl. Emr. Rlf.- 5891-21
Report Prepared By:	Beth S. Lamb
Agency Name:	Stockbridge Valley C. S.
Mailing Address:	P.O. Box 732 (Street)
	Munnsville (City) NY (State) 13406 (Zip Code)
Telephone # of Report Preparer:	315-495-4446
County:	Madison
E-mail Address:	blamb@stockbridgevalley.org
Project Funding Dates:	3/13/2020 (Start) 9/30/2023 (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	$126,175
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Elementary Teacher- S. Getman (Yr.-1)	1.0 FTE	$50,976	$50,976
Elementary Teacher- S. Getman (Yr.-2)	.5 FTE	$53,270	$26,635
Tchng. Assist.- M. McNamara (Yr.-1)	1.0 FTE	$17,497	$17,497
Tchng. Assist.- M. McNamara (Yr.-2)	1.0 FTE	$18,497	$18,497
CTE Tchr. - P. Waldron (Yr. 1)	.05 FTE	$74,524	$3,726
CTE Tchr. - P. Waldron (Yr. 2)	.05 FTE	$77,505	$3,894
7th/8th Grade Sum. Schl Tchrs.-(Yr. 1/2)	2 @12- 1/2 days	$1,238	$4,950

SALARIES FOR SUPPORT STAFF			
		Subtotal - Code 16	$73,414
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Long-Term School Nurse (RN)	1.0 FTE	$37,949.00	$37,949
Office Assistant II- S. Wagner (Yr. 1)	.02 FTE	$36,853.00	$857
Office Assistant II- S. Wagner (Yr. 2)	.02 FTE	$39,030.00	$887
Addl. Custodian Services (Yr. 1)	1.0 FTE	$33,721.00	$33,721

PURCHASED SERVICES			
		Subtotal - Code 40	$1,367
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Elem. Summer School Artist Performance Services- L. Etienne Magic Productions	Leon Etienne Magic Productions	1 Performance	$500
Elem. Summer School Culminating Social Celebration/Picnic	Stockbridge Valley Food Service Program	$433.50 ea. (Yr. 1/2)	$867

SUPPLIES AND MATERIALS			
		Subtotal - Code 45	$4,514
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Staff Books- Ruby K Payne, Ph.D.- A Framework for Understanding Poverty	75.00	$12.00	$900
Winsor Learning- Orton-Gillingham Sonday System Program for Literacy	1- Sonday System 1, 1 Sonday System 2, 1 Sonday System LPL	$1,095 ea. Plus Shipping	$3,614

Employee Benefits		
	Subtotal - Code 80	$118,244
Benefit		**Proposed Expenditure**
Social Security		$15,269
Retirement	New York State Teachers	$12,365
	New York State Employees	$13,215
	Other - Pension	
Health Insurance		$77,395
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

PURCHASED SERVICES WITH BOCES			
		Subtotal - Code 49	$40,500
Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
Bi-lingual ELL Teacher Services (Yr. 1 & 2) at $20,250 ea. Yr.	Madison-Oneida BOCES	Annual Cost of Itinerant $52,150	$40,500

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	$126,175
Support Staff Salaries	16	$73,414
Purchased Services	40	$1,367
Supplies and Materials	45	$4,514
Travel Expenses	46	
Employee Benefits	80	$118,244
Indirect Cost	90	
BOCES Services	49	$40,500
Minor Remodeling	30	
Equipment	20	
Grand Total		$364,214

Agency Code: **251501040000**

Project #: **5891-21-XXXX**

Contract #:

Agency Name: Stockbridge Valley C. S.

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).

6/7/2021 Dr. Susan Vickers
Date Signature

Dr. Susan Vickers, Interim Superintendent
Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To

Program Approval: _____ Date: _____

Fiscal Year	First Payment	Line #

Voucher # First Payment

Finance: Logged _____ Approved _____ MIR _____