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 1% Summer Lrng: 5882-21
Report Prepared By:	Beth S. Lamb
Agency Name:	Stockbridge Valley C. S.
Mailing Address:	P.O. Box 732, 6011 Williams Rd. (Street)
	Munnsville (City) NY (State) 13409 (Zip Code)
Telephone # of Report Preparer:	(315) 495-4446
County:	Madison
E-mail Address:	blamb@stockbridgevalley.org

Project Funding Dates: 3/13/2020 (Start) 9/30/2024 (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	$60,224
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
K-6 Elem. Teachers (7) (Yr. 1 & Yr. 2)	15 Hrs./week x 3 wks. X 7 staff x 2 yrs.	Per Contract- Est. $36/Hr.	$22,680
K-6 Spec. Educ. Teacher (Yr. 1 & Yr. 2)	15 Hrs./week x 3 wks. X 2 yrs.	Per Contract- Est. $36/Hr.	$3,240
Music Teachers (2) (Yr. 1 & Yr. 2)	15 Hrs./week x 3 wks. X 2 staff x 2 yrs.	Per Contract- Est. $36/Hr.	$6,480
Library Media Specialist (Yr. 1 & Yr. 2)	3 Hrs. x 4 Sum. Evening Programs x 2 yrs.	Per Contract- Est. $36/Hr.	$864
7-8 Grade Middle Schl. Enrichment Teachers (4) (Yr. 1 & Yr. 2)	15 Hrs./week x 3 wks. X 4 staff x 2 yrs.	Per Contract- Est. $36/Hr.	$12,960
Agr./CTE Teacher- Sum. Extended Lrng. (Yr. 1 & Yr. 2)	20 Days x 2 yrs.	$350/day	$14,000

SALARIES FOR SUPPORT STAFF			
		Subtotal - Code 16	$3,240
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
School Nurse (RN) (Yr. 1 & Yr. 2)	15 Hrs./week x 3 wks. X 2 yrs.	Per Contract- Est. $36/Hr.	$3,240

PURCHASED SERVICES			
		Subtotal - Code 40	$25,649
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Summer K-6 Extended Programming	YMCA of the Greater Tri-Valley, Inc.	Per YMCA Contract Proposal	$20,000
Summer Drama/Music Theatre Program	The REV Theatre Co.-Auburn, NY	Per Est. Contractual Program	$2,559
2022 Washington Leadership Conference (3)	National FFA Organization, Indianapolis, Indiana	$1,030/attendee per week	$3,090

Employee Benefits		
	Subtotal - Code 80	$11,455
Benefit		**Proposed Expenditure**
Social Security		$4,855
Retirement	New York State Teachers	$6,263
	New York State Employees	$337
	Other - Pension	
Health Insurance		
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

PURCHASED SERVICES WITH BOCES			
		Subtotal - Code 49	$40,440
Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
9-12 Summer Academy Instructional Program (Yr. 1 & Yr. 2)	Madison-Oneida BOCES	16 Stdnts. X $450 x 2 yrs.	$14,400
9-12 Summer Academy Regents Review Program (Yr. 1 & Yr. 2)	Madison-Oneida BOCES	6 Stdnts. X $250 x 2 yrs.	$3,000
9-12 Summer Instructional Driver Educ. Program (Yr. 1 & Yr. 2)	Madison-Oneida BOCES	16 Stdnts. X $720 x 2 Yrs.	$23,040

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	$60,224
Support Staff Salaries	16	$3,240
Purchased Services	40	$25,649
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	$11,455
Indirect Cost	90	
BOCES Services	49	$40,440
Minor Remodeling	30	
Equipment	20	
Grand Total		$141,008

Agency Code: **251501040000**

Project #: **5882-21-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).

12/16/21
Date

Signature

Corey Graves, 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 _____