

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**

<b>Funding Source:</b>	GEER	
<b>Report Prepared By:</b>	Michael P. Tambroni	
<b>Agency Name:</b>	North Tonawanda City School District	
<b>Mailing Address:</b>	176 Walck Rd	
	Street	
	North Tonawanda	14120
	City	Zip Code
<b>Telephone # of Report Preparer:</b>	7168073566	<b>County:</b> Niagara
<b>E-mail Address:</b>	mtambroni@ntschoools.org	
<b>Project Funding Dates:</b>	3/13/2020	30-Sep-22
	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			\$116,864
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
School Counselor	1.00	\$51,474	\$51,474
School Social Worker	0.90	\$73,392	\$65,390

PURCHASED SERVICES			
Subtotal - Code 40			\$946
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Provision of Academic Intervention Services	Contracted certified teacher	hourly	\$946

## BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$116,864
Support Staff Salaries	16	
Purchased Services	40	\$946
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$117,810

Agency Code:	400900010000
Project #:	5890-21-1970
Contract #:	
Agency Name:	North Tonawanda CSD

**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).*

8/20/20  
Date

Gregory J. Wright  
Signature

Name and Title of Chief Administrative Officer

[illegible]

**Finance:** Logged \_\_\_\_\_

Approved \_\_\_\_\_

MIR \_\_\_\_\_