Brookfield Central School District American Rescue Plan Summary

State Reserves

January 1, 2023

The Federal Government has provided funding to assist school districts with addressing and supporting students' academic, social and emotional needs.

Public discussions on programs to best address these will occur periodically during Board of Education meetings from September 2022 to June 2023. In addition, district officials will meet with stakeholder groups periodically including; parents, teachers, non-instructional staff, district administrators and students. Information from these meetings was utilized by the district in developing and/or maintaining a plan to address student needs created by the pandemic. As a result, the district currently plans to allocate funding from the American Rescue Plan State Reserves Learning Loss, Comprehensive After School and Summer Enrichment as follows:

- Summer orientation for students entering Pre-Kindergarten and Kindergarten in the fall;
- Provide support for students not meeting state learning standards in core subject areas and for credit recovery in those areas;
- Provide additional instructional support to address learning loss through the employment of additional teachers, teacher assistants and teacher aides;
- Provide additional instructional and social/emotional support by increasing the services and support provided by instructional team leaders, school psychologist, speech teacher, occupational therapists, and social workers;
- Develop summer enrichment programs;
- Develop extended school day programs to further address learning loss.

BUDGET NARRATIVE

| LEA: Brookfield CSD | FOR TITLE: ARP ESSER State Reserves |
|------------------------|-------------------------------------|
| | Summer Enrichment |
| BEDSCODE: 250109040000 | |

** MUST BE SUBMITTED WITH EACH BUDGET IN THE CONSOLIDATED APPLICATION

If using Transferability, please indicate on the Budget Narrative and FS-10 the amount of funds to be included under transferability in the budget categories where funds will be used. Example: In the Title IIA budget under Code 15 – Transferability - Title I Reading Teacher – FTE.35 - \$15,000.

| CODE/ | EXPLANATION OF EXPENDITURES IN THIS CATEGORY |
|----------------------------------|---|
| BUDGET CATEGORY | (as it relates to the program narrative for this title) |
| Code 15 Professional Salaries | Professional salaries will be incurred for an elementary summer skills recovery/enrichment program. This program will use research-based methods to advance student learning and specifically address skills negatively impacted by the pandemic. |
| Code 16 Support Staff Salaries | |
| Code 40 Purchased Services | |
| Code 45 Supplies and Materials | |
| Code 46 Travel Expenses | |

| CODE/ | EXPLANATION OF EXPENDITURES IN THIS CATEGORY |
|---------------------------|--|
| BUDGET CATEGORY | (as it relates to the program narrative for this title) |
| Code 80 Employee Benefits | Employee benefits are the social security and retirement costs for the employees included in the professional salaries category. |
| Code 90 Indirect Cost | |
| Code 49 BOCES Services | |
| Code 30 Minor Remodeling | |
| Code 20 Equipment | |

The University of the State of New York THE STATE EDUCATION DEPARTMENT (see instructions for mailing address)

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

| Local Agency Information | | | | |
|---|--|-----------------|----------|--|
| Funding Source: | Funding Source: ARP ESSER STATE RESERVES – SUMMER ENRICHMENT | | | |
| Report Prepared By: | TIFFANY J LOPESZ | | | |
| Agency Name: | BROOKFIELD CSD | | | |
| Mailing Address: | dress: PO BOX 60 | | | |
| | 7, | Street | | |
| | BROOKFIELD | NEW YORK | 13314 | |
| | City | State | Zip Code | |
| Telephone #: | 315-899-3323 | County: MADISON | | |
| E-Mail Address: TLOPESZ@BROOKFIELDCSD.ORG | | | | |
| Project Operation Dates: 3 / 13 / 20 9 / 30 / 24 Start End | | | | |

INSTRUCTIONS

- Submit the original 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 the Grants Finance.
- Enter whole dollar amounts only.
- Prior approval by means of an approved budget (FS-10) or budget amendment (FS-10-A) is required for:
 - Personnel positions, number and type
 - Equipment items having a unit value of \$5,000 or more, number and type
 - Minor remodeling
 - Any increase in a budget subtotal (professional salaries, purchased services, travel, etc.) by more than 10 percent or \$1,000, whichever is greater
 - · Any increase in the total budget amount.
- Certification on page 8 must be signed by Chief Administrative Officer or properly authorized designee.
- High quality computer generated reproductions of this form may be used.
- For further information on budgeting, please refer to the <u>Fiscal Guidelines for Federal and State Aided Grants</u> which may be accessed at www.oms.nysed.gov/cafe/ or call Grants Finance at (518) 474-4815.

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SALARIES FOR PROFESSIONAL STAFF: Code 15

Include only staff that are employees of the agency. Do not include consultants or per diem staff. Do not include central administrative staff that are considered to be indirect costs, e.g., business office staff. One full-time equivalent (FTE) equals one person working an entire week each week of the project. Express partial FTE's in decimals, e.g., a teacher working one day per week equals .2 FTE.

| Specific Position Title | Full-Time Equivalent | Annualized Rate of Pay | Project Salary |
|-------------------------------|-------------------------|------------------------|-------------------|
| SUMMER ENRICHMENT | Zguivinent | or ray | Salary |
| SUMMER ENRICHMENT | | | |
| Summer 2021 | | | |
| PreK Teacher | .05 | \$59,605 | \$3,645 |
| PreK Teacher Assistant | .05 | \$29,683 | \$1,600 |
| Kdg. Teacher | .05 | \$48,948 | \$2,800 |
| Kdg. Teacher Assistant | .05 | \$25,385 | \$1,380 |
| Elementary | | | |
| PreK Teacher | .05 | \$59,605 | \$8,700 |
| Kdg. Teacher | .05 | \$48,948 | \$7,101 |
| 1st Grade Teacher | .05 | \$49,000 | \$7,108 |
| 2 nd Grade Teacher | .05 | \$44,000 | \$6,359 |
| 3 rd Grade Teacher | .05 | \$47,000 | \$6,809 |
| Elementary Math Teacher | .05 | \$65,688 | \$9,612 |
| Elementary ELA | 0.7 | | |
| Teacher | .05 | \$55,452 | \$8,076 |
| Elementary Library | .05 | C42 176 | Φ. 6.2.7 |
| Diementary Biolary | .03 | \$43,176 | \$6,235 |
| High School | | | |
| HS Chemistry | .05 | \$47,984 | \$5,356 |
| HS Foreign Language | | \$51,031 | \$5,813 |
| HS Earth Science | | \$57,820 | \$6,831 |
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Subtotal - Code 15

\$87,425

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EMPLOYEE BENEFITS: Code 80

Rates used for project personnel must be the same as those used for other agency personnel.

| | Benefit | Proposed Expenditure |
|-----------------------|--------------------------|----------------------|
| Social Security | | \$5,398 |
| | New York State Teachers | \$7,179 |
| Retirement | New York State Employees | |
| | Other | |
| Health Insurance | | |
| Worker's Compensation | on | |
| Unemployment Insura | nce | |
| Other (Identify) | | |
| | | |
| | | |
| | | |
| | Subtotal – Code | \$12,577 |

INDIRECT COST: Code 90

| A. Modified Direct Cost Base – Sum of all pre 16, 40, 45, 46, and 80 and excludes the por exceeding \$25,000 and any flow through full | tion of each subcontract | \$ | (A) |
|--|--------------------------|------|-----|
| B. Approved Restricted Indirect Cost Rate | | % | (B) |
| C. (A) x (B) = Total Indirect Cost | Subtotal – Code 90 | \$. | (C) |

BUDGET SUMMARY

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If pre-assigned)

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| SUBTOTAL | CODE | PROJECT COSTS | Agency 2 |
|------------------------|-------------|---------------|---------------------------|
| Professional Salaries | 15 | \$87,425 | |
| Support Staff Salaries | 16 | | Project #: (If pre-assign |
| Purchased Services | 40 | | Contract #: |
| Supplies and Materials | 45 | | T Constitution of |
| Travel Expenses | 46 | | (New non-muni |
| Employee Benefits | 80 | \$12,577 | Agency Nar |
| Indirect Cost | 06 | | |
| BOCES Services | 49 | | |
| Minor Remodeling | 30 | | Funding Da |
| Equipment | 20 | | Program Approval: |
| Grand | Grand Total | \$100,002 | TI |

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 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). the Federal (or State) award. I am aware that any false, fictitious, or fraudulent

Name and Title of Chief Administrative Officer JAMES PLOWS, SUPERINTENDENT Signature 2702/16 Date

| Federal Employer ID #: (New non-municipal agencies only) | |
|--|---|
| Agency Name: BROOKFIELD CSD | 1 |
| FOR DEPARTMENT USE ONLY | |
| | |
| Program Approval: | |
| Fiscal Year Amount Budgeted First Payment | |
| | |
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| Voucher # First Payment | |
| Finance: | |
| natorddy | |

The University of the State of New York THE STATE EDUCATION DEPARTMENT (see instructions for mailing address)

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

Agency Name and Address

| Brookfield Central School District | |
|--|---|
| PO Box 60 | Madison |
| Brookfield, NY 13314 | County |
| Agency Code: 2 5 0 1 0 9 | 0 4 0 0 0 Amendment # 1 |
| Project #: 5 8 9 1 | 2 1 1 2 8 0 |
| Contract #: | |
| Contact Person: Tiffany J. Lopesz | Tel. #: 315-899-3323 ext. 204 |
| E-Mail Address: tlopesz@brookfieldcsd.org | |
| INSTE | RUCTIONS |
| Submit the original and two copies directly to the same NOT submit this form to Grants Finance. | State Education Department office where budget was mailed. DO |
| Enter whole dollar amounts only. | |
| * This form need only be submitted for budget changes that re | equire prior approval as follows: |
| Personnel positions, number and type Equipment items having a unit value of \$5,000 or r Minor remodeling Any increase in a budget subtotal (professional s \$1,000, whichever is greater Any increase in the total budget amount. | more, number and type salaries, purchased services, travel, etc.) by more than 10 percent or |
| Amendment # at top of this page must be completed. | |
| Do not use the FS-10-A for requesting a project extens | ion. |
| CHIEF ADMINISTR | ATOR'S CERTIFICATION |
| By signing this report, I certify to the best of my knowled and the expenditures, disbursements, and cash receipts and conditions of the Federal (or State) award. I am aw omission of any material fact, may subject me to crimina | dge and belief that the report is true, complete, and accurate, s are for the purposes and objectives set forth in the terms ware that any false, fictitious, or fraudulent information, or the al, civil, or administrative penalties for fraud, false statements, 1001 and Title 31, Sections 3729-3730 and 3801-3812). |
| .DATE: 4/18/23 SIGNATURE: | Chief Administrative Officer |
| FOR DEPARA | PMENTUSE ONLY |
| Program Approval: | Date: |
| Finance: Log A | Approved |

FS-10-A Page 2

| | SUBTOTAL | EXPLANATION (Provide same detail as required in FS-10 Budget) | SUBTOTAL INCREASE | SUBTOTAL DECREASE |
|----|---------------------------|---|----------------------|----------------------|
| 15 | Professional Salaries | Due to lack of an additional Special Education teacher and Teacher Assistant it is necessary to remove these positions from this grant and replace with an additional elementary teacher for small group instruction and targeted assistance to students. | \$ 25,362 | |
| 16 | Support Staff Salaries | Due to lack of an additional teacher aide it is necessary to remove this position from this grant. | | \$ 12,959 |
| 40 | Purchased Services | | | |
| 45 | Supplies & Materials | | | |
| 46 | Travel Expenses | | | |
| 80 | Employee Benefits | Due to elimination of the additional Special Education teacher, Teacher Assistant and Teacher Aide, benefits amount decreased. | | \$ 12,403 |
| 90 | Indirect Cost | | | |
| 49 | BOCES Services | | | |
| 30 | Minor Remodeling | | | |
| 20 | Equipment | | | |
| | | Total Increase or Decrease | (+) \$ 25,362 | (-) \$ 25,362 |
| | | Net Increase or Decrease | | \$ 0 |
| | | Previous Budget Total | | \$ 241,917 |
| | | Proposed Amended Total | | \$ 241,917 |