

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:	CARES Act - ESSER	
Report Prepared By:	Jo-Anne Dobbins	
Agency Name:	Elmsford Union Free School District	
Mailing Address:	98 S. Goodwin Avenue	
	Street	
	Elmsford	NY 10523
	City	State Zip Code
Telephone # of Report Preparer:	914-592-4615	County: Westchester
E-mail Address:	jdobbins@eufsd.org	
Project Funding Dates:	3/13/2020	9/30/2022
	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			\$840
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Stipend for 3 Technology Coordinators			
Parent Training - 3 sessions	Contractual	\$70/hour	\$420
Teacher Training - 3 sessions	Contractual	\$70/hour	\$420

PURCHASED SERVICES			
Subtotal - Code 40			\$40,300
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Social/Emotional support services for students, parents, and teachers	Westchester Jewish Community Services	\$50,000 - price set by agency - all inclusive	\$40,000
Executive Functioning Training for Parents	Institute of Children with Autism	\$150/hr.	\$300

SUPPLIES AND MATERIALS

Subtotal - Code 45			\$104,249
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Face shields, face masks, hand sanitizer, wipes, gowns, see-through masks, corrals for student desks, plexiglass for desks and isolation room in Nurses' offices	Various amounts	\$90,000.00	\$74,109
TV Monitor to conduct virtual parent meetings for CSE/CPSE/RTI, AIS	2.00	1154/each	\$2,307
PPE supplies for private schools	Various amounts	\$27,833.00	\$27,833

PURCHASED SERVICES WITH BOCES			
Subtotal - Code 49			\$23,153
Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
"Hot spots" for internet service for low-income, free and reduced lunch families, homeless students	SW BOCES	\$280/per year/per unit/2 years	\$23,153

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$840
Support Staff Salaries	16	
Purchased Services	40	\$40,300
Supplies and Materials	45	\$104,249
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	\$23,153
Minor Remodeling	30	
Equipment	20	
Grand Total		\$168,542

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).

31, Sections 3729-3730 and 3801-3812).

11/25/2020 J.M.S.
Date Signature

Dr. Marc P. Baiocco - Superintendent
Name and Title of Chief Administrative Officer

Agency Code:	660409020000
Project #:	5890-21-XXXX
Contract #:	
Agency Name:	Elmsford UFSD

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

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