## 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 |     |     |       |     |    |
|------------------|-----|-----|-------|-----|----|
|                  | = R | equ | uired | Fie | ld |

|                            | Local Agency           | Information                  |  |   |
|----------------------------|------------------------|------------------------------|--|---|
| Funding Source:            | ARP-ESSER 1% Reser     | ve-Summer L&E                |  |   |
| Report Prepared By:        | Karen Henry            |                              | and the second second  |   |
| Agency Name:               | Solvay Union Free Scho | ool District                 | Bergelein and Berger at Manager 1990 by the first state of the second state of the sec |   |
| Mailing Address:           | PO Box 980             | an die letze er de Africa er |  |   |
|                            | Syracuse               | Street<br>NY                 | ્રીકે. ⊩ા<br>13209 ન   |   |
|                            | City                   | State                        | Zip Code   |   |
| Telephone # of (315) 468-4 | 1942                   | County: Ononda               | ga   |   |
| E-mail Address: khenry@sc  | lvayschools.org        |                              |  |   |
| Project Funding Dates:     | 3/13/2020              |                              | 9/30/2024  | - · · · · · · · · · · · · · · · · · · · |
|                            | 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 FO               | OR PROFESSI             | ONAL STAFF                                  |                |
|---------------------------|-------------------------|---|----------------|
|                           |                         | Subtotal - Code 15                          | \$162,535      |
| Specific Position Title   | Full-Time<br>Equivalent | Annualized Rate of<br>Pay                   | Project Salary |
| Administrator Summer 2022 | 0.21                    | 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1    | \$15,778       |
| Administrator Summer 2023 | 0.21                    | \$75,000                                    | \$15,778       |
| Administrator Summer 2024 | 0.21                    | \$75,000                                    | \$15,778       |
| Teacher Summer 2022       |                         | 6 teacher X 20<br>hours X 8 weeks X<br>\$40 | \$38,400       |
| Teacher Summer 2023       |                         | 6 teacher X 20<br>hours X 8 weeks X<br>\$40 | \$38,400       |
| Teacher Summer 2024       |                         | 6 teacher X 20<br>hours X 8 weeks X<br>\$40 | \$38,400       |
|                           |                         |   |                |
|                           |                         |   |                |
|                           |                         |   |                |

10:21 AM 12/16/2021

## **BUDGET SUMMARY**

| SUBTOTAL   | CODE   | ROJECT COSTS  |                               |  |
|--|--|---|-------------------------------|--|
| Professional Salaries  | 15   | \$162,535   | Agency Code:                  | 420702030000   |
| Support Staff Salaries   | 16   |   |                               | reconnected to the subsection of the subsection  |
| Purchased Services   | 40   |   | Project #:                    | 5882-21-2120   |
| Supplies and Materials   | 45   |   |                               | and the state of t |
| Travel Expenses  | 46   |   | Contract #:                   |  |
| Employee Benefits  | 80   |   |                               |  |
| Indirect Cost  | 90   |   |                               |  |
| BOCES Services   | 49   |   | Agency Name:                  | Solvay Union Free School District  |
| Minor Remodeling   | 30   |   |                               |  |
| Equipment  | 20   |   |                               |  |
| Grand  | d Total  | \$162,535   | FOR I                         | DEPARTMENT USE ONLY  |
| knowledge and belief that to<br>and accurate, and the expe   |  |   |                               | ナーション しゅうしゅついこう きんいいい たんきんいいい たきんいい たたきん   |
|  |  |   | Program Approval:             | Date:  |
| and cash receipts are for the set forth in the terms and constant) award. I am aware to fraudulent information, or the fact, may subject me to crinopenalties for fraud, false state otherwise. (U.S. Code Title 31, Sections 3729-3730 and          | ne purposes<br>onditions of<br>that any falso<br>ne omission<br>ninal, civil, d<br>atements, fa<br>e 18, Section   | and objectives the Federal (or e, fictitious, or of any material or administrative tlse claims, or                            | Program Approval: Fiscal Year | Date:  First Payment Line #  |
| and cash receipts are for the set forth in the terms and constants award. I am aware to fraudulent information, or the fact, may subject me to crinocenalties for fraud, false stapotherwise. (U.S. Code Title                                       | ne purposes<br>onditions of<br>that any falso<br>ne omission<br>ninal, civil, d<br>atements, fa<br>e 18, Section   | and objectives the Federal (or e, fictitious, or of any material or administrative alse claims, or a 1001 and Title 2).       |                               |  |
| and cash receipts are for the set forth in the terms and constate) award. I am aware to fraudulent information, or the fact, may subject me to crinocenalties for fraud, false state otherwise. (U.S. Code Title 31, Sections 3729-3730 and 12/17/21 | ne purposes onditions of that any false ne omission minal, civil, catements, false 18, Section d 3801-381.  Signat | and objectives the Federal (or e, fictitious, or of any material or administrative ilse claims, or of 1001 and Title 2).  ure |                               |  |

Voucher#

Approved

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Finance: Logged

First Payment

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