

= Required Field

Local Agency Information

Funding Source: ARP-ESSER 5% Reserve - Lost Instructional Time

Report Prepared By: Karen Henry

Agency Name: Solvay Union Free School District

Mailing Address: PO Box 980

Street

Syracuse

NY

13209

City

State

Zip Code

**Telephone # of
 Report Preparer:** (315) 468-4942

County: Onondaga

E-mail Address: khenry@solvayschools.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 FOR PROFESSIONAL STAFF

			Subtotal - Code 15	\$812,652
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary	
AIS Teacher (21-22)	3.00	\$73,500	\$220,500	
AIS Teacher (22-23)	3.00	\$73,500	\$220,500	
AIS Teacher (23-24)	3.00	\$73,500	\$220,500	
Special Ed Teacher	0.69	\$73,500	\$50,384	
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BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$812,652
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$812,652

Agency Code:	420702030000
Project #:	5884-21-2120
Contract #:	
Agency Name:	Solvay Union Free School District

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).

12/17/21
 Date Signature

Jay Tinklepaugh, Superintendent
 Name and Title of Chief Administrative Officer

Fiscal Year	First Payment	Line #
Voucher #	First Payment	

Finance: Logged _____ Approved _____ MIR _____

