

= Required Field

Local Agency Information			
Funding Source:	ARP-ESSER 1% Reserve - After School		
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 Start	9/30/2024 End	

INSTRUCTIONS
<ul style="list-style-type: none"> 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			\$162,535
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Administrator After School	0.24	\$75,000	\$18,338
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Teacher 21-22		14 teachers X 8 hours per week X 8 weeks X \$40	\$35,840
Teacher 22-23		14 teachers X 8 hours per week X 8 weeks X \$40	\$35,840
Teacher 23-24		14 teachers X 8 hours per week X 8 weeks X \$40	\$35,840

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$162,535
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		\$162,535

Agency Code:	420702030000
Project #:	5883-21-2120
Contract #:	
Agency Name:	Solvay Union Free School District

FOR DEPARTMENT USE ONLY


Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

<u>Fiscal Year</u>	<u>First Payment</u>	<u>Line #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Voucher #	First Payment	

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).

1/31/22 

Date _____ Signature _____

Jay Tinklepaugh, Superintendent
Name and Title of Chief Administrative Officer

Finance: Logged _____ Approved _____ MIR _____