

= Required Field

Local Agency Information		
Funding Source:	ARP-ESSER	
Report Prepared By:	Karen Henry	
Agency Name:	Solvay Union Free School District	
Mailing Address:	PO Box 980	
	Street	
	Syracuse	NY
	City	State
	13209	Zip Code
Telephone # of Report Preparer:	(315) 468-4942	County: Onondaga
E-mail Address:	khenry@solvayschools.org	
Project Funding Dates:	<u>3/13/2020</u> Start	<u>9/30/2024</u> 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			\$1,183,220
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Special Education Teacher (21-22)	1.00	\$73,500	\$73,500
Positive Project Virtual Showcase planning		1 teacher X15 hours X \$40	\$600
SMS AIS Committee		8 teachers X 60 hours X \$40	\$19,200
SES Math Curriculum Development		6 teachers X 20 hours X \$40	\$4,800
SES Math Curriculum Implementation		30 teachers X 12 hours X \$40	\$14,400
SMS Math Curriculum Development		6 teachers X 20 hours X \$40	\$4,800
SMS Math Curriculum Implementation		6 teachers X 12 hours X \$40	\$2,880
LETRS Training - New		7 teachers X 40 hours X \$40	\$11,200
LETRS Training - Refresher		11 teachers X 20 hours X \$40	\$8,800
Road to Reading training		4 teachers X 12 hours X 2 summers X \$40	\$3,840
Time for 1 staff (the trainer) to prepare to teach 8 hours YMFHA course		1 staff X 15 hours X \$40	\$600
YMFHA professional development		30 staff X 8 hours X \$40	\$9,600
ENL Teacher 21-22	1.00	\$73,500	\$73,500
ENL Teacher 22-23	1.00	\$73,500	\$73,500
ENL Teacher 23-24	1.00	\$73,500	\$73,500
Teacher Sub 21-22	3.00	\$73,500	\$220,500
Teacher Sub 22-23	3.00	\$73,500	\$220,500
Teacher Sub 23-24	3.00	\$73,500	\$220,500
Special Education Teacher (22-23)	1.00	\$73,500	\$73,500
Special Education Teacher (23-24)	1.00	\$73,500	\$73,500

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$102,960
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Nurse Consultant for COVID protocols		\$50 X 15 hours per week X 100 weeks	\$75,000
COVID Testing Staff		3 hours per X \$35 X 52 weeks	\$5,460
Café Aid	1.00	\$22,500.00	\$22,500

PURCHASED SERVICES			
Subtotal - Code 40			\$61,000
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Social Emotional Learning Program	Second Step	3 year program subscription for up to 450 students	\$6,000
IXL for SMS	IXL	Site license for up to 500 students	\$25,000
Reveal Math Training	McGraw Hill	10 days @ \$3,000	\$30,000

SUPPLIES AND MATERIALS

Subtotal - Code 45			\$776,167
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Docking Stations for laptops - Dell	150.00	\$175.00	\$26,250
Classroom Desktop Computers - Dell	40.00	\$500.00	\$20,000
Chromebooks - Dell	975.00	\$325.00	\$316,875
LogiWebCamera - CDWG	50.00	\$10.00	\$500
IPEVO Doc Camers - CDWG	100.00	\$100.00	\$10,000
TI Inspire Calculators (10 pack) - the Bach Company	20.00	\$1,377.10	\$27,542
Additional Instructional Supplies	3 buildings	\$500 per month X 20 months	\$30,000
Purchase of air purifiers	150.00	\$400.00	\$60,000
Laptops - Dell	150.00	\$1,100.00	\$165,000
Interactive Boards for SES distance learning - TEQ	30.00	\$4,000.00	\$120,000

Employee Benefits	
Subtotal - Code 80	
\$300,000	
Benefit	Proposed Expenditure
Social Security	
Retirement	New York State Teachers
	New York State Employees
	Other - Pension
Health Insurance	\$300,000
Worker's Compensation	
Unemployment Insurance	
Other(Identify)	

PURCHASED SERVICES WITH BOCES			
Subtotal - Code 49			\$14,265
Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
Classlink License fees for 1470 students X \$3.40 for 2 years	OCM BOCES	\$10,000.00	\$10,000
Kami License fees for 1470 student X \$2.90	OCM BOCES	\$4,265.00	\$4,265

EQUIPMENT			
Subtotal - Code 20			\$205,000
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Instruments for Band	15.00	\$5,000.00	\$75,000
Fitness Center Equipment	13.00	\$10,000.00	\$130,000

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$1,183,220
Support Staff Salaries	16	\$102,960
Purchased Services	40	\$61,000
Supplies and Materials	45	\$776,167
Travel Expenses	46	
Employee Benefits	80	\$300,000
Indirect Cost	90	
BOCES Services	49	\$14,265
Minor Remodeling	30	
Equipment	20	\$205,000
Grand Total		\$2,642,612

Agency Code:	420702030000
Project #:	5880-21-2120
Contract #:	
Agency Name:	Solvay Union Free School District

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).

1/17/22
 Date Signature

Jay Tinklepaugh, Superintendent
 Name and Title of Chief Administrative Officer

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	