

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		
<b>Funding Source:</b>	ARP State Reserves-Comprehensive After School	
<b>Report Prepared By:</b>	Elizabeth Nee	
<b>Agency Name:</b>	Brasher Falls Central School District	
<b>Mailing Address:</b>	PO Box 307- 1039 State Highway 11C	
	Street	
	Brasher Falls	NY 13613
	City	State Zip Code
<b>Telephone # of Report Preparer:</b>	315-386-4504 Ext. 15110	<b>County:</b> St. Lawrence
<b>E-mail Address:</b>	elizabeth.nee@slboces.org	
<b>Project Funding Dates:</b>	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			\$13,200
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Extended Day Teacher	.0416 per year for 3 years	\$52,885	\$6,600
Extended Day Teacher	.0416 per year for 3 years	\$52,885	\$6,600

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$66,045
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Extended Day Teacher Aide	.27 per year for 3 years	\$25,278	\$20,468
Morning Program Teacher Aide	Y1=150 hours @ \$19.12/hour Y2=150 hours @ \$19.69/hour Y3=150 hours @ \$20.28/hour	Y1 = \$24,091 Y2 = \$24,809 Y3 = \$25,553	\$8,864
Morning Program Teacher Aide	Y1=150 hours @ \$19.12/hour Y2=150 hours @ \$19.69/hour Y3=150 hours @ \$20.28/hour	Y1 = \$24,091 Y2 = \$24,809 Y3 = \$25,553	\$8,864
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Bus Driver for Ext Day field trips	\$17.50/hour 3 hours/trip 8 trips per year x 3 years		\$1,260

PURCHASED SERVICES			
Subtotal - Code 40			\$58,950
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Recording License Fees for Music Program	Music Theater International or Concord Theatricals	\$4,000 per year for 3 years	\$12,000
Royalty Fees for Musical Productions	Music Theater International or Concord Theatricals	\$4,000 per year for 3 years	\$12,000
Extended Day Field Trips	Bowling, Indoor turf use,	\$8-\$10 per student, 75 students per year for 3 years	\$2,250
Ski NY Program	Titus Mountain	88 students/year at \$100 per student for 3 years	\$26,400
Horizons Program	Clarkson University	7 students/year at \$300 per student for 3 years	\$6,300

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$21,087
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Props & Sets for Drama Performances	42.87	\$100.00	\$4,287
Costumes for Drama Performances	88.00	\$75.00	\$6,600
Greenhouse Extracurricular Supplies (Compost/Fertilizer/Seeds)	3 years	\$3,400/year	\$10,200

Employee Benefits		
Subtotal - Code 80		\$37,306
Benefit		Proposed Expenditure
Social Security		\$6,062
Retirement	New York State Teachers	\$2,468
	New York State Employees	\$8,757
	Other - Pension	
Health Insurance		\$19,700
Worker's Compensation		\$319
Unemployment Insurance		
Other(Identify)		



**BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$13,200
Support Staff Salaries	16	\$66,045
Purchased Services	40	\$58,950
Supplies and Materials	45	\$21,087
Travel Expenses	46	
Employee Benefits	80	\$37,306
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$196,588

Agency Code:	<b>510101040000</b>
Project #:	<b>5883-21-2580</b>
Contract #:	
Agency Name:	<b>Brasher Falls Central School District</b>

**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).

12/16/21

Date



Signature

Name and Title of Chief Administrative Officer

**FOR DEPARTMENT USE ONLY**

Funding Dates: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Program Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Fiscal YearFirst PaymentLine #

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Voucher #

First Payment

Finance: Logged \_\_\_\_\_

Approved \_\_\_\_\_

MIR \_\_\_\_\_