

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		
Funding Source:	ARP State Reserves-Summer Learning & Enrichment	
Report Prepared By:	Elizabeth Nee	
Agency Name:	Brasher Falls Central School District	
Mailing Address:	PO Box 307- 1039 State Highway 11C	
	Street	
	Brasher Falls	NY 13613
	City	State Zip Code
Telephone # of Report Preparer:	315-386-4504 Ext. 15110	County: St. Lawrence
E-mail Address:	elizabeth.nee@sllboces.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			\$9,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Summer School Teacher-Apex program	0.12	\$36,058	\$4,500
Summer School Teacher-Cooking program	0.12	\$36,058	\$4,500

PURCHASED SERVICES			
Subtotal - Code 40			\$142,200
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Summer Learning Program	Cornell Cooperative Extension	20 students for 3 weeks each year for 3 years at \$190 per student per week	\$34,200
Camp fees for low-income families	4H Camp Overlook	20 students for 6 weeks each year for 3 years at \$300 per student per week	\$108,000

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$26,400
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Supplies for new summer cooking program for 7th & 8th grade	50 students/year x 3 years = 150 students	\$24.00	\$3,600
Apex HS Course Access for 8th graders	60.00	\$380.00	\$22,800

Employee Benefits		
Subtotal - Code 80		\$2,285
Benefit		Proposed Expenditure
Social Security		\$690
Retirement	New York State Teachers	\$882
	New York State Employees	
	Other - Pension	
Health Insurance		\$677
Worker's Compensation		\$36
Unemployment Insurance		
Other(Identify)		

EQUIPMENT			
Subtotal - Code 20			\$16,703
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Portable Staging for outdoor summer performances for Music & Drama	1.00	\$16,703.00	\$16,703

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$9,000
Support Staff Salaries	16	
Purchased Services	40	\$142,200
Supplies and Materials	45	\$26,400
Travel Expenses	46	
Employee Benefits	80	\$2,285
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	\$16,703
Grand Total		\$196,588

Agency Code: **510101040000**Project #: **5882-21-2580**Contract #: Agency Name: **Brasher Falls Central 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).

12/16/21

Date



Signature

Name and Title of Chief Administrative Officer

Fiscal YearFirst PaymentLine #

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

Voucher #

First Payment

Finance: Logged _____

Approved _____

MIR _____