# 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:   | Elementary and Secondary School Emergency Relief Fund (E |                                   |                   |  |  |
| Report Prepared By:   | Ami Hunt   |                                   |                   |  |  |
| Agency Name:  | Dalton-Nunda (Kesheq                                     | ua) Central Sc                    | chool             |  |  |
| Mailing Address:  | P.O. Box 517, 13 Mill S                                  | O. Box 517, 13 Mill Street Street |                   |  |  |
|   | Nunda<br>City  | NY<br>State                       | 14517<br>Zip Code |  |  |
| Telephone # of Report Preparer: (585) 468-2900 County: Livingston |  |                                   |                   |  |  |
| E-mail Address: ahunt@keshequa.org                                |  |                                   |                   |  |  |
| Project Funding Dates:  | 3/13/2020<br>Start                                       |                                   | 9/30/2022<br>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     | \$54,770       |
| Specific Position Title  | Full-Time<br>Equivalent | Annualized Rate of Pay | Project Salary |
| Elementary Teachers Professional Devolopment for 18 staff for 16 total hours each at a a rate of \$25 per hour | 36.00                   | \$200                  | \$7,200        |
| Secondary Teachers Professional Dev. for<br>17 Staff for 16 total hours each at a a rate<br>of \$25 per hour   | 34.00                   | \$200                  | \$6,800        |
| Elementary virtual teaacher for 100% remote students for the full school year                                  | 1.00                    | \$39,600               | \$39,600       |
| Mentor for Virtual Teacher for the school year   | 1.00                    | \$1,170                | \$1,170        |
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| SALARIES FOR SUPPORT STAFF |                         |                           |                |
|----------------------------|-------------------------|---------------------------|----------------|
|                            |                         | Subtotal - Code 16        |                |
| Specific Position Title    | Full-Time<br>Equivalent | Annualized Rate of<br>Pay | Project Salary |
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|   | PURCHASED SERVIC     | CES                                       |                      |
|---|----------------------|---|----------------------|
|   |                      | Subtotal - Code 40                        | \$10,075             |
| Description of Item:  | Provider of Services | Calculation of Cost                       | Proposed Expenditure |
| 13 Verizon Wifi hotpsots for student home connectivity @ a rate of \$307.70 per unit for a 6 month contract | Verizon              | \$307.70 per unit for<br>6 month contract | \$4,000              |
| 3 year District license for License for ScreenCastify   | Screencastify        | \$6075 for 3 yr<br>Distict License        | \$6,075              |
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| SUPPLIES AND MATERIALS |                               |   |  |
|------------------------|-------------------------------|---|--|
|                        |                               |   |  |
| Quantity               | Unit Cost                     | Proposed Expenditure  |  |
| 2.00                   | \$1,200.00                    | \$2,400   |  |
| 50.00                  | \$250.00                      | \$13,000  |  |
| 6.00                   | \$600.00                      | \$3,600   |  |
| 6.00                   | \$158.00                      | \$945   |  |
| 3.00                   | \$56.00                       | \$168   |  |
|                        | \$1,967.24                    | \$1,967   |  |
| 1.00                   | \$1,400.00                    | \$1,400   |  |
| 4.00                   | \$399.00                      | \$1,596   |  |
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|                        | 50.00<br>6.00<br>3.00<br>1.00 | 2.00 \$1,200.00<br>50.00 \$250.00<br>6.00 \$600.00<br>6.00 \$158.00<br>3.00 \$56.00 |  |

| TRAVEL EXPENSES  |  |                     |                          |
|--|--|---------------------|--------------------------|
| Subtotal - Code 46   |  |                     |                          |
| Position of Traveler   | Destination and Purpose  | Calculation of Cost | Proposed<br>Expenditures |
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|                                     | Employee Benefits        |  |
|-------------------------------------|--------------------------|--|
|                                     |                          | 004.070  |
|                                     | Subtotal - Code 80       | \$31,673<br>\$31,673   |
|                                     | Benefit                  | Proposed<br>Expenditure  |
| Social Security                     |                          | \$3,026  |
|                                     | New York State Teachers  | \$3,960  |
| Retirement                          | New York State Employees |  |
|                                     | Other - Pension          |  |
| Health Insurance                    |                          | \$20,187   |
| Worker's Compensation               |                          |  |
| Unemployment Insurance              |                          |  |
| Other(Identify)                     |                          | Maria de la companiona de<br>La companiona de la compa |
| Graduate School Tutition reimburser | ment per contract        | \$4,500  |
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|    | INDIRECT COST  |  |
|----|--|--|
|    | Modified Direct Cost Base Sum of all preceding subtotals(codes 15, 16, 40, 45, 46, and 80 and excludes the portion of each subcontract exceeding \$25,000 and any flow through funds) **Manual Entry |  |
| B. | Approved Restricted Indirect Cost Rate   |  |
| C. | Subtotal - Code 90   |  |

For your information, maximum direct cost base =

\$121,594.24

To calculate Modified Direct Cost Base, reduce maximum direct cost base by the portion of each subcontract exceeding \$25,000 and any flow through funds.

| PUF   | RCHASED SERVICES WIT | H BOCES  |                      |
|---|----------------------|--|----------------------|
|   |                      | Subtotal - Code 49                               | \$28,900             |
| Description of Services   | Name of BOCES        | Calculation of Cost                              | Proposed Expenditure |
| 1 Year Annual Support Fee for<br>Managment of all Edutech Wifi<br>Hotspots  | WFL Eductech BOCES   | \$2,500.00                                       | \$2,500              |
| 55 Verizon Wifi units @ \$480 per year fee for each unit which includes the device, unlimited internet and device service and repair if needed. | WFL Eductech BOCES   | \$480 per year fee<br>per unit for 55<br>hotpots | \$26,400             |
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| MINOR REMODELING                    |                     |                      |  |
|-------------------------------------|---------------------|----------------------|--|
|                                     |                     |                      |  |
| Description of Work to be Performed | Calculation of Cost | Proposed Expenditure |  |
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|                     | EQUIPMENT                                       |                    |                      |
|---------------------|---|--------------------|----------------------|
|                     |   | Subtotal - Code 20 |                      |
| Description of Item | Quantity  | Unit Cost          | Proposed Expenditure |
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#### **BUDGET SUMMARY**

| SUBTOTAL               | CODE | PROJECT COSTS |
|------------------------|------|---------------|
| Professional Salaries  | 15   | \$54,770      |
| Support Staff Salaries | 16   |               |
| Purchased Services     | 40   | \$10,075      |
| Supplies and Materials | 45   | \$25,076      |
| Travel Expenses        | 46   |               |
| Employee Benefits      | 80   | \$31,673      |
| Indirect Cost          | 90   |               |
| BOCES Services         | 49   | \$28,900      |
| Minor Remodeling       | 30   |               |
| Equipment              | 20   |               |
| Grand Total            |      | \$150,494     |

| Agency Code: | 241101040000 |
|--------------|--------------|
| Project #:   | 5890-21-1270 |
| Contract #:  |              |
|              |              |

## 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).

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Thomas K. Kopp, Superintendent

Name and Title of Chief Administrative Officer

| FOR DEPARTMENT USE ONLY |                      |               |  |  |  |
|-------------------------|----------------------|---------------|--|--|--|
| Funding Dates: _        | From                 | То            |  |  |  |
| Program Approval:       | Date:                |               |  |  |  |
| <u>Fiscal Year</u>      | <u>First Payment</u> | <u>Line #</u> |  |  |  |
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| Voucher #               | First                | Payment       |  |  |  |

Finance: Logged \_\_\_\_\_ Approved \_\_\_\_ MIR \_\_\_\_\_