

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:	<input type="checkbox"/> ARP - ESSER	<input type="checkbox"/>
Report Prepared By:	<input type="checkbox"/> TRACY LEONE	
Agency Name:	<input type="checkbox"/> WATERVILLE CENTRAL SCHOOL	
Mailing Address:	<input type="checkbox"/> 381 MADISON STREET	
	Street	
	<input type="checkbox"/> WATERVILLE	<input type="checkbox"/> NY
	City	State Zip Code
Telephone # of Report Preparer:	<input type="checkbox"/> 3158413913	County: <input type="checkbox"/> ONEIDA
E-mail Address:	<input type="checkbox"/> TLEONE@WATERVILLECSD.ORG	
Project Funding Dates:	3/13/2020 Start	9/30/2024 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			\$555,650
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Teacher: Extended School Day Teacher	7300.00	\$53	\$386,900
Curriculum alignment PD	3.37	\$50,000	\$168,750

PURCHASED SERVICES			
Subtotal - Code 40			\$600,000
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Community School School Based Health Center	Upstate Family Health Center	Average \$200,000 annual cost /260 days per year = 769.231 daily rate x 780 days = 600,000	\$600,000

Employee Benefits			
		Subtotal - Code 80	\$32,201
Benefit		Proposed Expenditure	
Social Security		\$32,201	
Retirement	New York State Teachers		
	New York State Employees		
	Other - Pension		
Health Insurance			
Worker's Compensation			
Unemployment Insurance			
Other(Identify)			

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$555,650
Support Staff Salaries	16	
Purchased Services	40	\$600,000
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$32,201
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$1,187,851

Agency Code: **411902040000**

Project #: **5880-21-0000**

Contract #: _____

Agency Name: **WATERVILLE CENTRAL SCHOOL**

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).

11/16/21 *Jennifer Spring*
 Date Signature

Jennifer Spring
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>
_____	_____	_____
_____	_____	_____
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_____	_____	_____

Voucher # _____ First Payment _____

Finance: Logged _____

Approved _____

MIR _____