

= Required Field

Local Agency Information		
Funding Source:	ARP ESSER 1% - Summer Learning and Enrichment	
Report Prepared By:	Emelin Koss	
Agency Name:	Chazy Union Free School District	
Mailing Address:	609 Miner Farm Road	
	Street	
	Chazy	NY 12921
	City	State Zip Code
Telephone # of Report Preparer:	518-846-7135 x507	County: Clinton
E-mail Address:	ekoss@chazy.org	
Project Funding Dates:	3/13/2020 Start	9/30/2024 End

INSTRUCTIONS
<ul style="list-style-type: none"> ● 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			\$74,480
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Gen Ed Summer School Teacher	2.00	\$3,675	\$7,350
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Gen Ed Summer School Teacher	2.00	\$3,675	\$7,350
Counselor/Social Worker	2.00	\$7,350	\$14,700
Counselor/Social Worker	2.00	\$7,840	\$15,680

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$5,040
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Bus Driver	2.00	\$1,258.00	\$2,520
Bus Driver	2.00	\$1,258.00	\$2,520

PURCHASED SERVICES			
Subtotal - Code 40			\$11,700
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Day Camp	Plattsburgh YMCA	\$390/session x 2 sessions x 15 students	\$11,700

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$2,700
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Team Building and Mindfulness Activity Supplies - Counseling	30.00	\$30.00	\$900
Instructional Materials (Books, Binders, Calculators) - Gen Ed Summer School	60.00	\$30.00	\$1,800

TRAVEL EXPENSES			
			Subtotal - Code 46
Position of Traveler	Destination and Purpose	Calculation of Cost	Proposed Expenditures

Employee Benefits		
		Subtotal - Code 80
		\$6,082
Benefit		Proposed Expenditure
Social Security		\$6,082
Retirement	New York State Teachers	
	New York State Employees	
	Other - Pension	
Health Insurance		
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

INDIRECT COST		
A.	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 = \$100,002.00

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.

PURCHASED SERVICES WITH BOCES			
			Subtotal - Code 49
Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure

MINOR REMODELING		
		Subtotal - Code 30
Description of Work to be Performed	Calculation of Cost	Proposed Expenditure

EQUIPMENT			
Subtotal - Code 20			
Description of Item	Quantity	Unit Cost	Proposed Expenditure

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$74,480
Support Staff Salaries	16	\$5,040
Purchased Services	40	\$11,700
Supplies and Materials	45	\$2,700
Travel Expenses	46	
Employee Benefits	80	\$6,082
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$100,002

Agency Code: **090601020000**

Project #: **5882-21-0490**

Contract #: _____

Agency Name: **Chazy Union Free School District**

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	

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).

3/2/22 [Signature]
 Date Signature

[Signature]
Name and Title of Chief Administrative Officer

Finance: Logged _____ Approved _____ MIR _____