

= Required Field

Local Agency Information		
Funding Source:	ARP ESSER 5% - Addressing the Impact of Lost <input type="checkbox"/>	
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			\$228,643
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
1.0 Counselor/Social Worker	1.00	\$44,973	\$44,973
1.0 Interventionist/Teacher	1.00	\$44,973	\$44,973
0.50 Interventionist/Teacher	0.50	\$44,973	\$22,487
1.0 Counselor/Social Worker	1.00	\$46,484	\$46,484
1.0 Interventionist/Teacher	1.00	\$46,484	\$46,484
0.50 Interventionist/Teacher	0.50	\$46,484	\$23,242

SALARIES FOR SUPPORT STAFF			
			Subtotal - Code 16
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary

PURCHASED SERVICES			
Subtotal - Code 40			\$38,002
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Diagnostic testing system for grades 7-12	iReady	\$1,500/year x 2 years	\$3,000
3 year online license for grades K-2	Waterford Reading	\$5,830/year x 3 years	\$17,490
Online Training	Waterford Reading	\$600 per staff x 4 staff members	\$2,400
Online Training	Wilson Reading Systems	\$689 per staff x 8 staff members	\$5,512
Online Training	Wilson Foundations	\$289 per staff x 3 staff members	\$867
5 year online license for grades K-8	Second Step	\$1,747/year x 5 years (paid upfront)	\$8,733

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$27,143
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Wilson Reading Program Classroom Teacher Materials	8.00	\$319.00	\$2,552
Wilson Reading Program Student Materials	80.00	\$65.00	\$5,200
Wilson Fundation Classroom Set Materials - Kindergarten	1.00	\$1,300.00	\$1,300
Wilson Fundation Classroom Set Materials - 1st Grade	1.00	\$1,600.00	\$1,600
Wilson Fundation Classroom Set Materials - 2nd Grade	1.00	\$1,600.00	\$1,600
Second Step Elementary Classroom Kit Bundles	1.00	\$4,529.00	\$4,529
Second Step Early Learning Classroom Kit	1.00	\$649.00	\$649
Second Step Early Learning Materials (Puppets, posters, cards CDs)	1.00	\$214.00	\$214
Second Step English Language Activity Notebooks and Program Training	1.00	\$499.00	\$499
Student Materials	450.00	\$20.00	\$9,000

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

Employee Benefits		
Subtotal - Code 80		\$206,208
Benefit		Proposed Expenditure
Social Security		\$17,492
Retirement	New York State Teachers	\$25,778
	New York State Employees	
	Other - Pension	
Health Insurance		\$162,938
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 = \$499,996.00

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	\$228,643
Support Staff Salaries	16	
Purchased Services	40	\$38,002
Supplies and Materials	45	\$27,143
Travel Expenses	46	
Employee Benefits	80	\$206,208
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$499,996

Agency Code:

Project #:

Contract #:

Agency Name:

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 _____

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 
 Date Signature

Scott J. Osborne, Supt
 Name and Title of Chief Administrative Officer

Finance: Logged _____ Approved _____ MIR _____