

= Required Field

Local Agency Information			
Funding Source:	ARP-ESSER 1% Reserve - Comp After School		
Report Prepared By:	Susan Gray		
Agency Name:	Clyde-Savannah Central School District		
Mailing Address:	215 Glasgow Street		
	Street		
	Clyde	NY	14433
	<small>City</small>	<small>State</small>	<small>Zip Code</small>
Telephone # of Report Preparer:	315-902-3003	County: Wayne	
E-mail Address:	susan.gray@clydesavannah.org		
Project Funding Dates:	<u>3/13/2020</u>	<u>9/30/2024</u>	
	<small>Start</small>	<small>End</small>	

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			\$150,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
3 (Three) Elementary School Enrichment Teachers for school year 2022-2023	2 hours/day x 150 Days	\$35/hour x 2 hrs/day x 150 days	\$31,500
3 (Three) Elementary School Enrichment Teachers for school year 2023-2024	2 hours/day x 150 Days	\$35/hour x 2 hrs/day x 150 days	\$31,500
3 (Three) Jr/Sr High School Enrichment Teachers for school year 2022-2023	2 hours/day x 150 Days	\$35/hour x 2 hrs/day x 150 days	\$31,500
3 (Three) Jr/Sr High School Enrichment Teachers-for school year 2023-2024	2 hours/day x 150 Days	\$35/hour x 2 hrs/day x 150 days	\$31,500
1 (One) Elementary Teaching Assistant for school year 2022-2023	2 hours/day x 150 Days	\$20/hour x 2 hrs/day x 150 days	\$6,000
1 (One) Elementary Teaching Assistant for school year 2023-2024	2 hours/day x 150 Days	\$20/hour x 2 hrs/day x 150 days	\$6,000
1 (One) Jr/Sr High Teaching Assistant for school year 2022-2023	2 hours/day x 150 Days	\$20/hour x 2 hrs/day x 150 days	\$6,000
1 (One) Jr/Sr High Teaching Assistant for school year 2023-2024	2 hours/day x 150 Days	\$20/hour x 2 hrs/day x 150 days	\$6,000

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$15,900
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
2 (Two) School Bus Drivers for the 2022-2023 school year	1 hour/day x 150 days	\$26/hour x 150 Days	\$7,800
2 (Two) School Bus Drivers for the 2023-2024 school year	1 hour/day x 150 days	\$27/hour x 150 Days	\$8,100

Employee Benefits			
		Subtotal - Code 80	\$29,470
Benefit		Proposed Expenditure	
Social Security		\$12,690	
Retirement	New York State Teachers	\$15,000	
	New York State Employees	\$1,780	
	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	\$165,900
B.	Approved Restricted Indirect Cost Rate	2.90%
C.	Subtotal - Code 90	\$4,811

For your information, maximum direct cost base = \$195,370.00

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.

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$150,000
Support Staff Salaries	16	\$15,900
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$29,470
Indirect Cost	90	\$4,811
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$200,181

Agency Code: **650301040000**

Project #: **5883-21-3550**

Contract #: _____

Agency Name: **Clyde-Savannah Central 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).

12/16/21 _____
Date Signature

Michael C. Hayden, Superintendent
Name and Title of Chief Administrative Officer

Finance: Logged _____ Approved _____ MIR _____

