

= Required Field

<b>Local Agency Information</b>			
<b>Funding Source:</b>	<span style="background-color: #e0f2f1;">ARP-ESSER 1% Reserve Summer Learn &amp; En</span>		
<b>Report Prepared By:</b>	<span style="background-color: #e0f2f1;">Susan Gray</span>		
<b>Agency Name:</b>	<span style="background-color: #e0f2f1;">Clyde-Savannah Central School District</span>		
<b>Mailing Address:</b>	<span style="background-color: #e0f2f1;">215 Glasgow Street</span>		
	<span style="background-color: #e0f2f1;">Street</span>		
	<span style="background-color: #e0f2f1;">Savannah Central Scho</span>	<span style="background-color: #e0f2f1;">NY</span>	<span style="background-color: #e0f2f1;">14433</span>
	<span style="background-color: #e0f2f1;">City</span>	<span style="background-color: #e0f2f1;">State</span>	<span style="background-color: #e0f2f1;">Zip Code</span>
<b>Telephone # of Report Preparer:</b>	<span style="background-color: #e0f2f1;">315-902-3003</span>	<b>County:</b> <span style="background-color: #e0f2f1;">Wayne</span>	
<b>E-mail Address:</b>	<span style="background-color: #e0f2f1;"><a href="mailto:susan.gray@clydesavannah.org">susan.gray@clydesavannah.org</a></span>		
<b>Project Funding Dates:</b>	<u>3/13/2020</u>	<u>9/30/2024</u>	
	Start	End	

<b>INSTRUCTIONS</b>
<ul style="list-style-type: none"> <li>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.</li> <li>The Chief Administrator's Certification on the Budget Summary worksheet must be signed by the agency's Chief Administrative Officer or properly authorized designee.</li> <li>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.</li> <li>For information on budgeting refer to the Fiscal Guidelines for Federal and State Aided Grants at <a href="http://www.oms.nysed.gov/cafe/guidance/">http://www.oms.nysed.gov/cafe/guidance/</a>.</li> </ul>

SALARIES FOR PROFESSIONAL STAFF			
Subtotal - Code 15			\$137,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Summer School Principal 2022	6 hrs/day x 5 days/week x 5 weeks	\$40/hr x 150 hrs	\$6,000
Summer School Principal 2023	6 hrs/day x 5 days/week x 5 weeks	\$40/hr x 150 hrs	\$6,000
12 (Twelve) Teachers for Summer 2022	5 hrs/day x 5 days/week x 5 weeks	\$35/hr x 125 hrs	\$52,500
12 (Twelve) Teachers for Summer 2023	5 hrs/day x 5 days/week x 5 weeks	\$35/hr x 125 hrs	\$52,500
5 (Five) Teaching Assistants for Summer 2022	4 hrs/day x 5 days/week x 5 weeks	\$20/hr x 100 hrs	\$10,000
5 (Five) Teaching Assistants for Summer 2023	4 hrs/day x 5 days/week x 5 weeks	\$20/hr x 100 hrs	\$10,000

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$18,240
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
School Nurse for Summer 2022	4 hrs/day x 5 days/week x 5 weeks	\$28/hr x 100 hrs	\$2,800
School Nurse for Summer 2023	4 hrs/day x 5 days/week x 5 weeks	\$28/hr x 100 hrs	\$2,800
Teacher Aide for Summer 2022	4 hrs/day x 5 days/week x 5 weeks	\$13.20/hr x 100 hrs	\$1,320
Teacher Aide for Summer 2023	4 hrs/day x 5 days/week x 5 weeks	\$13.20/hr x 100 hrs	\$1,320
4 (Four) School Bus Drivers Summer 2022	2 hrs/day x 5 days/week x 5 weeks	\$25/hr x 50 hrs	\$5,000
4 (Four) School Bus Drivers Summer 2023	2 hrs/day x 5 days/week x 5 weeks	\$25/hr x 50 hrs	\$5,000

PURCHASED SERVICES			
Subtotal - Code 40			\$10,600
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
SEL & Equity Building Drama Camp for Summer - 1 week 2022	Peaceful Schools (MWBE)	\$5,300.00	\$5,300
SEL & Equity Building Drama Camp for Summer - 1 week 2023	Peaceful Schools (MWBE)	\$5,300.00	\$5,300

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$1,788
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Summer School 2022 Materials & Supplies: Consumable workbooks, books, paper, pencils, markers, manipulatives - Amazon	Amazon	\$100/week x 5 weeks	\$500
Summer School 2023 Materials & Supplies: Consumable workbooks, books, paper, pencils, markers, manipulatives - Amazon	Amazon	\$100/week x 5 weeks	\$500
Summer School 2023 Materials & Supplies: Paper, pencils, markers, manipulatives - Wal-Mart	Wal-Mart	\$79/week x 5 weeks	\$394
Summer School 2023 Materials & Supplies: Ppaper, pencils, markers, manipulatives - Wal-Mart	Wal-Mart	\$79/week x 5 weeks	\$394

Employee Benefits			
		Subtotal - Code 80	\$27,692
Benefit		Proposed Expenditure	
Social Security		\$11,876	
Retirement	New York State Teachers	\$13,700	
	New York State Employees	\$2,116	
	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) <b>**Manual Entry</b>	\$167,628
B.	Approved Restricted Indirect Cost Rate	2.90%
C.	Subtotal - Code 90	\$4,861

For your information, maximum direct cost base = \$195,320.00

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	\$137,000
Support Staff Salaries	16	\$18,240
Purchased Services	40	\$10,600
Supplies and Materials	45	\$1,788
Travel Expenses	46	
Employee Benefits	80	\$27,692
Indirect Cost	90	\$4,861
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$200,181

Agency Code: **650301040000**

Project #: **5882-21-3550**

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).*

12/17/21 \_\_\_\_\_  
 Date Signature

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



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

