

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:	ARP ESSER 5% State Level Reserve		
Report Prepared By:	Karl J. Seckner		
Agency Name:	Phoenix CSD		
Mailing Address:	116 Volney Street		
	Street		
	Phoenix	New York	13135
	City	State	Zip Code
Telephone # of Report Preparer:	3156951512	County: Oswego	
E-mail Address:	Kseckner@Phoenixcsd.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			\$255,258
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Elementary School After/Before school	100 hrs	53.55/hr	\$5,355
Middle School After/Before school	205 Hours	53.55/hr	\$10,998
High School After/Before school	200 Hours	53.55/hr	\$10,710
Elementary School Summer teachers	300 Hours	53.55/hr	\$16,065
Middle School Summer teachers	300 Hours	53.55/hr	\$16,065
High School Summer teachers	350 Hours	53.55/hr	\$16,065
Middle RTI Teacher	0.50	30000x3 years	\$90,000
High School RTI Teacher	0.50	30000x3 years	\$90,000

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$67,031
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Bus drivers for extended intervention prg	1440 Hours	29.91 hr	\$43,070
Bus att for extended intervention prg.	1440 Hours	16.64 hr.	\$23,961

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$94,373
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Map Reading Fluency Licenses	400.00	\$7.00	\$2,800
Road to Reading	10.00	\$85.00	\$850
Road to the Code	10.00	\$55.00	\$550
Bridges Intervention Set 1	4	500	2000
Bridges Intervention Set 2	4.00	\$500.00	\$2,000
Letter Tiles	15.00	\$145.00	\$2,175
Six Minute Solutions	12.00	\$150.00	\$1,800
Language Series BookC-F Teacher kits	2.00	\$3,304.00	\$6,608
Language Series BookC-F Student Set of 20	40.00	\$276.00	\$11,040
CKLA PreK	2.00	\$789.00	\$1,578
CKLA-K Series K	2.00	\$3,999.00	\$7,998
CKLA-K Series 1st Grade	2.00	\$3,499.00	\$6,998
CKLA-K Series 2nd Grade	2.00	\$3,899.00	\$7,798
CKLA-K Series 3rd Grade	2.00	\$2,999.00	\$5,998

CKLA-K Series 4th Grade	2.00	\$2,499.00	\$4,998
CKLA-K Series 5th Grade	2.00	\$2,699.00	\$5,398
Rewards Plus Science-Teacher	3.00	\$165.00	\$495
Rewards Plus Science-Student	3.00	\$131.00	\$393
Rewards Plus Social St TCHR	3.00	\$135.00	\$405
Rewards Plus Social St Student	3.00	\$131.00	\$393
Morpheme Magic	10.00	\$110.00	\$1,100
MAP Science Test Licenses	150.00	\$2.50	\$375
Map Reading Fluency Licenses	400.00	\$7.00	\$2,800
Rewards Student Books	500.00	\$12.00	\$6,000
Rewards Writing Kit	3.00	\$532.00	\$1,596
Haggerty Teacher Manuals k-3	9.00	\$80.00	\$720
Haggerty Bridging the Gap PK	3.00	\$60.00	\$180
Haggerty Bridging the Gap K	3.00	\$85.00	\$255
KeyMath	2.00	\$511.00	\$1,022
Heggerty Toucan Series	50.00	\$30.00	\$1,500

Heggerty Frog Series	50.00	\$40.00	\$2,000
Hogh Noon Phonics high interest decodable text	5.00	\$910.00	\$4,550

Employee Benefits		
Subtotal - Code 80		\$83,334
Benefit		Proposed Expenditure
Social Security		\$35,904
Retirement	New York State Teachers	\$36,705
	New York State Employees	\$10,725
	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	\$0
B.	Approved Restricted Indirect Cost Rate	
C.	Subtotal - Code 90	\$0

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.

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$255,258
Support Staff Salaries	16	\$67,031
Purchased Services	40	
Supplies and Materials	45	\$94,373
Travel Expenses	46	
Employee Benefits	80	\$83,334
Indirect Cost	90	\$0
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$499,996

Agency Code: **462001060000**

Project #: **5884-21-2370**

Contract #: _____

Agency Name: **Phoenix CSD**

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).

12,13,21 _____
 Date Signature

Christopher Byrne, Superintendent
Name and Title of Chief Administrative Officer

Finance: Logged _____

Approved _____

MIR _____