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	ı
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		Local Agenc	y Information			
Fundin	g Source:	ARP- 1% State Level Reserve- Summer Enrichm				
Report Pre	pared By:	Karl J. Seckner	Karl J. Seckner			
Agen	cy Name:	lame: Phoenix CSD				
Mailing Address: 116 Volney Street						
	Street					
		Phoenix	New York	13135		
	ļ	City	State	Zip Code		
Telephone # of Report Preparer:	3156951	512	County: Os	wego		
E-mail Address: Kseckner@Phoenixcsd.org						
Project Fundi	ng Dates:	3/13/2020 Start		9/30/2024 End	_	

INSTRUCTIONS

- 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 F	OR PROFESSI		
		Subtotal - Code 15	\$84,876
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Teachers for summer tier 1-4 interventions	1585 Hours over 3 years	53.55/Hr	\$84,876

	Employee Benefits		
	Subtotal - Code 80	\$15,126	
	Benefit	Proposed Expenditure	
Social Security		\$6,493	
	New York State Teachers	\$8,633	
Retirement	New York State Employees		
	Other - Pension		
Health Insurance	·		
Worker's Compensation			
Unemployment Insurance			
Other(Identify)			

11	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
В,	Approved Restricted Indirect Cost Rate	
C.	Subtotal - Code 90	\$0

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.

BUDGET SUMMARY

Agency Code:

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$84,876
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$15,126
Indirect Cost	90	\$0
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Gran	d Total	\$100,002

Project #:	5882-21-2370
Contract #:	
Agency Name:	Phoenix CSD

462001060000

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).

12/3/21 Old Signature

Christopher Byrne, Superintendent
Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLY			
Funding Dates:	From	То	
Program Approval:		Date:	
<u>Fiscal Year</u>	First Payment	<u>Line #</u>	
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\$ 0			
<u> </u>			
\$			
i e g			
Voucher#	- 10	First Payment	

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 Finance:
 Logged ______
 Approved ______
 MIR ______