

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- 1% State Level Reserve- Summer Enrichm		
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			\$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
Retirement	New York State Teachers		\$8,633
	New York State Employees		
	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 = \$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.

Finance: Logged _____

Approved _____

MIR _____