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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

	14.24	Local Agen	cy Informati	on
Funding	g Source:	ESSER		4.4
Report Pre	pared By:	Karl Seckner		
Agen	cy Name:	Phoenix CSD		
Mailing Address:		116 Volney Street	Cha	and the second s
			Str	eet
		Phoenix	NY	13135
		City	State	Zip Code
Telephone # of eport Preparer:			County:	Oswego
E-mail Address:	Kseckner	er@Phoenixcsd.org		
Project Funding Dates:		5/13/202	0	9/30/2022
		Start		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/.

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SALARIES	FOR PROFESSION	ONAL STAFF	71.11
		Subtotal - Code 15	\$455,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Professional development		36.75/hr	\$25,000
1st grade teacher	1.00	\$73,159	\$73,159
1st grade teacher	1.00	\$68,965	\$68,965
2nd grade teacher	1.00	\$83,617	\$83,617
6th grade teacher	1.00	\$82,311	\$82,311
High School Science teacher	1.00	\$90,202	\$90,202
HS Technology teacher	0.42	\$75,620	\$31,746

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$26,080
Description of Item	Quantity	Unit Cost	Proposed Expenditure
3 Ply face masks- Adult	50000.00	\$0.14	\$7,000
3 Ply face masks- Child	50000.00	\$0.14	\$7,000
Face shields	1100.00	\$1.08	\$1,188
Aprons	5000.00	\$0.12	\$600
Gowns	5000.00	\$1.50	\$7,500
N-95 masks	1082.00	\$2.58	\$2,792

BUDGET SUMMARY

SUBTOTAL.	CODE	PROJECT COSTS
Professional Salaries	15	\$455,000
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	\$26,080
Travel Expenses	46	
Employee Benefits	80	-
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$481,080

Agency Code: 46	2001060000
Project #: 5890	-21-2370
Contract #:	
Agency Name:	Phoenix CSD

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).

Date Signature

Chris **Byrne, Superintendent of Schools**Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLY				
Funding Dates:	From	То		
Program Approval:	Date:			
Fiscal Year	First Payment	<u>Line#</u>		
) 				
		· ·		
) 		
Voucher#	F	irst Payment		

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Finance: Logged _____ Approved ____ MIR _____

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Your responses have been saved successfully. You have answered all required
questions in the survey, however there may be other questions remaining that you
may wish to answer. Once the survey is ready to be submitted, please notify your
organization's CEO that it is ready for certification and submission.

Submission Instructions

PHOENIX CSD - 462001060000

Directions for Completing the Application:

- LEAs must complete all sections and are required to answer questions marked with a red asterisk. If a required question has not been completed, the business portal will highlight it in red and the section of the application will be flagged. The applicant will be unable to submit the application to NYSED for final review if a required question remains unresolved.
- FS-10 Budgets and Budget Narrative forms should be completed in a manner that clearly identifies and aligns proposed expenses.

Directions for Submitting the Application:

- The online application may only be submitted/certified by the chief school officer of the applicant LEA. The designated superintendent (public school LEAs), and the chief executive officer, board of trustees president, or school employee designated by the board of trustees (charter school LEAs) are the only administrators with the submit/certify rights necessary to successfully submit and certify a completed application for NYSED review.
- LEAs are <u>NOT REQUIRED</u> to send hard copies of general application materials to the Department.
- LEAs are <u>REQUIRED</u> to send signed originals and two hard copies of each <u>FS-10 Budget Form</u> to:

Office of ESSA-Funded Programs - Rm 320 EB

RE: CARES Act Combined Funding Application (REVISED)

New York State Education Department

89 Washington Avenue

Albany, NY 12234.

Deadline for Submitting the Applications:

 The CARES Act Combined Funding Application (REVISED) is due by November 23, 2020, and will be reviewed on a rolling basis.