

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 State Reserves Summer Learning		
Report Prepared By:	Patrick Jensen		
Agency Name:	Southern Cayuga Central School District		
Mailing Address:	2384 State Route 34B		
	Street		
	Aurora	NY	13026
	City	State	Zip Code
Telephone # of Report Preparer:	315 364-7211	County: Cayuga	
E-mail Address:	jensenp@southernrcayuga.org		
Project Funding Dates:	<i>March 13, 2020</i> 3/20/20 Start	<i>Sept 30, 2024</i> 9/30/24 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 FOR PROFESSIONAL STAFF			
Subtotal - Code 15			\$85,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
2021-2022 School Year			
Summer School Teacher	10.00	\$2,400	\$24,000
2022-2023 School Year			
Summer School Teacher	10.00	\$3,000	\$30,000
2023-2024 School Year			
Summer School Teacher	10.00	\$3,100	\$31,000

Employee Benefits		
Subtotal - Code 80		\$15,002
Benefit		Proposed Expenditure
Social Security		\$6,502
Retirement	New York State Teachers	\$8,500
	New York State Employees	
	Other - Pension	
Health Insurance		
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		
Dental		

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$85,000
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$15,002
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$100,002

Agency Code:

Project #:
 0295

Contract #:

Agency Name:

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).

11/19/21 _____
Date Signature

Patrick Jensen _____
Name and Title of Chief Administrative Officer

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 _____

Finance: Logged _____

Approved _____

MIR _____