

The University of the State of New York  
**THE STATE EDUCATION DEPARTMENT**  
*(see instructions for mailing address)*

**PROPOSED BUDGET FOR A  
 FEDERAL OR STATE PROJECT  
 FS-10 (03/15)**

**Local Agency Information**

Funding Source: CRRSA GEER 2

Report Prepared By: Allison Sucharzewski

Agency Name: Willsboro Central School District

Mailing Address: PO Box 180

Street		
<u>Willsboro</u>	<u>NY</u>	<u>12996</u>
City	State	Zip Code

Telephone #: 518-963-4456 County: Essex

E-Mail Address: asucharzewski@willsborocds.org

Project Operation Dates: 3 / 13 / 2020 9 / 30 / 2023  
 Start *PRWP* End

**INSTRUCTIONS**

- ❖ **Submit the original 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 the Grants Finance.**
- ❖ Enter whole dollar amounts only.
- ❖ Prior approval by means of an approved budget (FS-10) or budget amendment (FS-10-A) is required for:
  - Personnel positions, number and type
  - Equipment items having a unit value of \$5,000 or more, number and type
  - Minor remodeling
  - Any increase in a budget subtotal (professional salaries, purchased services, travel, etc.) by more than 10 percent or \$1,000, whichever is greater
  - Any increase in the total budget amount.
- ❖ Certification on page 8 must be signed by Chief Administrative Officer or properly authorized designee.
- ❖ High quality computer generated reproductions of this form may be used.
- ❖ For further information on budgeting, please refer to the Fiscal Guidelines for Federal and State Aided Grants which may be accessed at [www.oms.nysed.gov/cafe/](http://www.oms.nysed.gov/cafe/) or call Grants Finance at (518) 474-4815.

**SALARIES FOR PROFESSIONAL STAFF: Code 15**

Include only staff that are employees of the agency. Do not include consultants or per diem staff. Do not include central administrative staff that are considered to be indirect costs, e.g., business office staff. One full-time equivalent (FTE) equals one person working an entire week each week of the project. Express partial FTE's in decimals, e.g., a teacher working one day per week equals .2 FTE.

Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
AU # 1 Teacher Professional Development stipends to improve delivery of ELA and Math Curricula 2021-2022	Stipend	\$30/hour x 5 hours x 20 staff	\$3,000
2022-2023		\$30/hour x 4.6 hrs. x 10 staff	\$1,400
Subtotal - Code 15			\$4,400

**SALARIES FOR SUPPORT STAFF: Code 16**

Include salaries for teacher aides, secretarial and clerical assistance, and for personnel in pupil transportation and building operation and maintenance. Do not include central administrative staff that are considered to be indirect costs, e.g., account clerks.

Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Subtotal - Code 16			

**EQUIPMENT: Code 20**

Beginning with the 2005-06 year all equipment to be purchased in support of this project with a unit cost of \$5,000 or more should be itemized in this category. Equipment items under \$5,000 should be budgeted under Supplies and Materials, Code 45. Repairs of equipment should be budgeted under Purchased Services, Code 40.

For earlier years the threshold for reporting equipment purchases was \$1,000 or more. Equipment items under \$1,000 should be budgeted under Supplies and Materials.

Description of Item	Quantity	Unit Cost	Proposed Expenditure
AU# 6-Fire Retardant Records Storage Cabinet	1	\$5,404	\$5,404
Subtotal – Code 20			\$5,404

# BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$4,400
Support Staff Salaries	16	\$0
Purchased Services	40	\$0
Supplies and Materials	45	\$0
Travel Expenses	46	\$0
Employee Benefits	80	\$0
Indirect Cost	90	\$0
BOCES Services	49	\$0
Minor Remodeling	30	\$0
Equipment	20	\$5,404
Grand Total		\$9,804

Agency Code: 

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0	4
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0	0	0	0
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Project #: (If pre-assigned) 

5	8	9	6
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2	1
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0	9	1	0
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Contract #: 

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Federal Employer ID #: (New non-municipal agencies only) 

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Agency Name: Willsboro Central School District

**FOR DEPARTMENT USE ONLY**

Funding Dates: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_

Program Approval: \_\_\_\_\_ Date: \_\_\_\_\_

	<u>Fiscal Year</u>	<u>Amount Budgeted</u>	<u>First Payment</u>

Voucher #                      First Payment

Finance: 

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Log                      Approved                      MIR

**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).*

6/2/21                      

Date                                      Signature

**Justin Gardner, School Superintendent**  
Name and Title of Chief Administrative Officer