

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 Application: State Reserves - ARP	
Report Prepared By:	Dr. Lynne R. Wells	
Agency Name:	Guilderland Central School District	
Mailing Address:	8 School Road PO Box 18	
	Street	
	Guilderland Center	New York 12085
	City	State Zip Code
Telephone # of Report Preparer:	518-456-6200 EXT 6119	County: Albany
E-mail Address:	wellsl@guilderlandschools.net	
Project Funding Dates:	3/1/2020	24-Sep-24
	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/>.

SALARIES FOR PROFESSIONAL STAFF			
Subtotal - Code 15			\$54,832
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Kindergarten Teachers - 18 teachers	5 hours a day X 5 days X 18 teachers	70.75 an hour	\$31,838
Special Education Teachers - 5 teachers	5 hours a day X 4 days X 5 teachers	70.75 an hour	\$7,075
Special Area Teachers - 5 teachers	5 hours a day X 4 days X 5 teachers	70.75 an hour	\$7,075
Nurse - 5 teachers	5 hours a day X 5 days x 5 Nurses	70.75 an hour	\$8,844

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$17,622
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Teaching Assistant- 18 TA's	5 hours a day X 4 days X 18 TA's	20.00 an hour	\$7,200
Bus Aide - 18 Aides	3 hours a day X 4 days 18 Aides	20.00 an hour	\$4,320
Bus Driver - 18 Drivers	3 hours a day X 4 days X 18 Drivers	24.00 an hour	\$5,184
Food Service Workers - 1 per building X 5 buildings = 5 workers	3 hours a day X 4 days X 5 Food Service	15.30 an hour	\$918

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$14,917
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Above Level Reading Kindergarten (E-J)	6.00	\$624.58	\$3,747
Complete Leveled Library Kindergarten (A-J)	5.00	\$1,148.36	\$5,742
On-Level Reading Kindergarten (A-D)	5.00	\$523.78	\$2,619
BELOW LEVEL READING GRADE 1 (A-D)	5.00	\$543.34	\$2,717
Shipping for books	4.00	\$23.00	\$92

Employee Benefits		
Subtotal - Code 80		\$12,631
Benefit		Proposed Expenditure
Social Security		\$5,545
Retirement	New York State Teachers	\$5,913
	New York State Employees	\$1,173
	Other - Pension	
Health Insurance		
Worker's Compensation		
Unemployment Insurance		
Other (Identify)		

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$54,832
Support Staff Salaries	16	\$17,622
Purchased Services	40	
Supplies and Materials	45	\$14,917
Travel Expenses	46	
Employee Benefits	80	\$12,631
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$100,002

Agency Code: **010802060000**

Project #: **5882-21-0055**

Contract #: _____

Agency Name: **Guilderland Central School District**

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	

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).

2/7/22 Marie Wiles

Date Signature

Marie Wiles, Superintendent of Schools

Name and Title of Chief Administrative Officer

Finance: Logged _____

Approved _____

MIR _____