### 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**

I	Funding Source:	ARP, ESSER, 1% State Re	serve, Comp	rehensive After S	School
	Report Prepared By:	Erin Gilbo			
	Agency Name:	Moriah Central School Dis	strict		
	Mailing Address:	39 Viking Lane			
			St	reet	
		Port Henry City	NY	State	Zip Code
		City			Zip Code
	Telephone #: 518-546-	-3301	County: Es	ssex	
	E-Mail Address: wlarr	ow@moriahk12.org			
	Project Operation Date			09/30/2	024
		Start		End	
*	to the appropriate Sta	INSTRU  Indget and the required number ate Education Department of ich you are applying. DO NO	ffice as indica	ited in the applica	ation instructions for the
*	Enter whole dollar amor	unts only.			
*	<ul> <li>Personnel posit</li> <li>Equipment iter</li> <li>Minor remodel</li> <li>Any increase in percent or \$1,00</li> </ul>	of an approved budget (FS-10) tions, number and type ms having a unit value of \$5,00 ling n a budget subtotal (professions 00, whichever is greater in the total budget amount.	00 or more, nur	mber and type	•
*	Certification on page 8 m	nust be signed by Chief Adminis	strative Officer	or properly author	ized designee.
*	High quality computer go	enerated reproductions of this fo	orm may be use	ed.	
*		on budgeting, please refer to the v.oms.nysed.gov/cafe/ or call Gr			State Aided Grants which

#### **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 #15 After-School Teachers (T	Tutoring) 2021-2022	Hourly Stipend	11 Teachers x 120 Hours x \$33/Hour	\$43,560
<u>AU #15</u>	2022-2023	Hourly Stipend	11 Teachers x 120 Hours x \$33.94/Hour	\$44,800
After-School Counselor	2021-2022	Hourly Stipend	1 Counselor x 120 Hours x \$34/Hour	\$4,080
			Subtotal -Code 15	\$92,440

#### **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
AU#15 Bus Drivers (2) 2021-2022	Hourly Stipend	2 Bus Drivers x 120 Hours x \$30/Hour	\$7,200
AU#15 Bus Aides (2) 2021-2022	Hourly Stipend	2 Bus Aides x 120 Hours x \$12.90/Hour	\$3,096
		Subtotal - Code 16	\$10,296

#### **PURCHASED SERVICES: Code 40**

Include consultants (indicate per diem rate), rentals, tuition, and other contractual services. Copies of contracts may be requested by the State Education Department. Purchased Services from a BOCES, if other than applicant agency, should be budgeted under Purchased Services with BOCES, Code 49.

Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
		Subtotal - Code 40	

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#### **SUPPLIES AND MATERIALS: Code 45**

Beginning with the 2005-06 year include computer software, library books and equipment items under \$5,000 per unit.

For earlier years include computer software, library books and equipment items under 1,000 per unit.

Description of Item	Quantity	Unit Cost	Proposed Expenditure
		Subtotal - Code 45	

#### **TRAVEL EXPENSES: Code 46**

Include pupil transportation, conference costs and travel of staff between instructional sites. Specify agency approved mileage rate for travel by personal car or school-owned vehicle.

Position of Traveler	Destination and Purpose	Calculation of Cost	Proposed Expenditures
AU#15 After School Bus 2021-22	To provide students with after-school transportation from school to home.	20 Miles/Day x 3 Day/Week x 40 Weeks x \$3.00/Mile	\$7,200
		Subtotal - Code 46	\$7,20

#### **EMPLOYEE BENEFITS: Code 80**

Rates used for project personnel must be the same as those used for other agency personnel.

	Benefit	Proposed Expenditure
Social Security		\$7,072
	New York State Teachers	\$1,401
Retirement	New York State Employees	\$0
	Other	\$0
Health Insurance		\$0
Worker's Compensa	tion	\$0
<b>Unemployment Insu</b>	rance	\$0
Other (Identify)		\$0
		\$0
	Subtotal – Code 80	\$8,473

#### **INDIRECT COST: Code 90**

A. Modified Direct Cost Base – Sum of all particles 16, 40, 45, 46, and 80 and excludes the poexceeding \$25,000 and any flow through the sum of	ortion of each subcontract	\$	(A)
B. Approved Restricted Indirect Cost Rate		%	(B)
C. (A) $x$ (B) = Total Indirect Cost	Subtotal – Code 90	\$	(C)

\*District Declines Indirect Costs

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#### PURCHASED SERVICES WITH BOCES: Code 49

Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
		Subtotal – Code 49	

#### MINOR REMODELING: Code 30

Allowable costs include salaries, associated employee benefits, purchased services, and supplies and materials related to alterations to existing sites.

Description of Work  To be Performed	Calculation of Cost	Proposed Expenditure
	Subtotal – C	Code 30

#### **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
		Subtotal – Code 20	

## **BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$92,440
Support Staff Salaries	16	\$10,296
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	\$7,200
Employee Benefits	80	\$8,473
Indirect Cost	06	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand	Grand Total	\$118,409

# 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).

1 / 4 /2] Date

Signature

William Larrow, School Superintendent Name and Title of Chief Administrative Officer

MIR

Approved

Log

First Payment

Voucher #

Finance:

Agency 1 5 0 9 0 1 Code:	0 4	0	0	0	0	
(If pre-assigned) 5 8 8 3 3 29 Contract #:	2 1	0	∞	∞	0	
Federal Employer ID #: (New non-municipal agencies only)						
Agency Name: Moriah Central School District	chool District					
FOR DEPARTMENT USE ONLY	INT USE ON	LY				
Funding Dates: / From		- E			1	
Program Approval:	Date:				1	
Fiscal Year Amount Budgeted	udgeted	First Payment	ıyme	ııt		n
				1		