

The University of the State of New York
 THE STATE EDUCATION DEPARTMENT

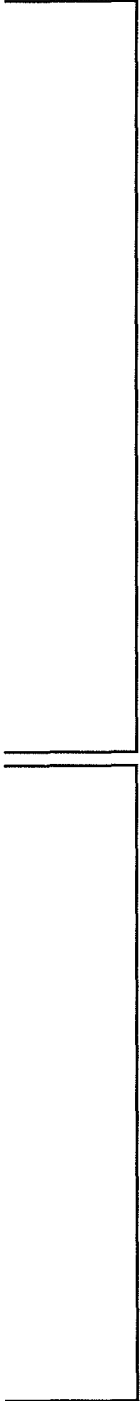
**PROPOSED BUDGET FOR
 FEDERAL OR STATE PROGRAM
 FS-10 (03/15)**

= Required Field

Local Agency Information			
Funding Source:	ARP-ESSER 5% State-Level Reserve - Address		
Report Prepared By:	Gregg Barthelmas		
Agency Name:	Schuylerville School District		
Mailing Address:	14 Spring Street		
	Street		
	Schuylerville	NY	12871
	City	State	Zip Code
Telephone # of Report Preparer:	518-695-3255 ext. 1302	County: Saratoga	
E-mail Address:	bartgreg@schuylerville.org		
Project Funding Dates:	3/13/2020 Start	9/30/2024 End	

INSTRUCTIONS
<ul style="list-style-type: none"> • 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 PROFESSIONAL STAFF			
Subtotal - Code 15			\$348,300
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Director of Curriculum	1.00	3 years @ \$110,000	\$330,000
Academic Labs	Additional Teacher Prep Period Per Teacher Contractual Agreement	Math, ELA and Homework Labs @ \$1,400 stipend per year per teacher (3 teachers each year) (3 years)	\$12,600
Graduation Assistance (loss of learning) - Multiple Subjects	Tutoring Pay Per Teacher Contractual Agreement - 0.09 FTE	\$40 per hour; 48 hours per summer totaling 144 hours over 3 summers	\$5,700

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$20,000
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Middle School Classroom Libraries and Library to support ELA classrooms (5) and the Middle School Library with regards to the Next Generation Learning Standards skills, concepts and topics	9 Classroom Libraries and 1 Library	10 @ \$2,000	\$20,000

PURCHASED SERVICES WITH BOCES			
Subtotal - Code 49			\$305,000
Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
CTE Instruction (Trade/Skill Based Learning)	WSWHE BOCES	\$152,500 per year @ 2 years	\$305,000

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$348,300
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	\$20,000
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	\$305,000
Minor Remodeling	30	
Equipment	20	
Grand Total		\$673,300

Agency Code: **521701040000**

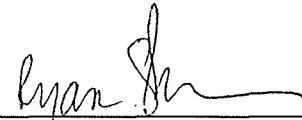
Project #: **5884-21-XXXX**

Contract #: _____

Agency Name: **Schuylerville School District**

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).

2/28/2022 

Date Signature

Ryan Sherman
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	