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 LEA Base	90%	
Report Prepared By:	Scott Taylor		
Agency Name:	North Collins Central	School District	
Mailing Address:	2045 School Street P.O. Box 740 Street		
304,852	North Collins	NY	14111
	City	State	Zip Code
Telephone # of port Preparer: 716-337-0	101 ×1301	County: Eric	Ð
-mail Address: <u>Staylor@n</u>	orthcollinscsd.org		
Project Funding Dates:	3/13/2020		9/30/2024
	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 F	OR SUPPORT	STAFF	
PARTON ALSO	Su	ıbtotal - Code 16	\$302,526
Specific Position File		malizec kale of	Pojesi Sasti
21-22 MicroComputer Tech Spec (20%)	1.00	\$52,562.00	\$52,562
21-22 LPN	1.00	\$26,956.00	\$26,956
21-22 CSEA member retention/support	1.00	\$30,000.00	\$30,000
22-23 MicroComputer Tech Spec (20%)	1.00	\$53,872.00	\$53,872
22-23 LPN	1.00	\$26,956.00	\$26,956
22-23 CSEA member retention/support	1.00	\$30,000.00	\$30,000
23-24 MicroComputer Tech Spec (20%)	1.00	\$55,224.00	\$55,224
23-24 LPN	, 1.00	\$26,956.00	\$26,956

PURCHASED SERVICES			
	Subtotal - Code 40		
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
21-22 District Resource Officer	Village of North Collins	\$25/hr @ 8hr/day @ 200 days/school yr = \$40000	\$40,000
22-23 District Resource Officer	Village of North Collins	\$25/hr @ 8hr/day @ 200 days/school yr = \$40000	\$40,000
23-24 District Resource Officer	Village of North Collins	\$25/hr @ 8hr/day @ 200 days/school yr = \$40000	\$40,000

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	Subtotal - Code 80	\$229.821
	Benefit	Comment
Social Security		\$50,212
Retirement	New York State Teachers	\$18,158
	New York State Employees	\$43,591
	Other - Pension	and grown and the second se
Health Insurance		\$113,510
Worker's Compensation	Rijease of North Ceiling Ca Co Co Course	negifio ampose
Unemployment Insurance	300/4-2 - 14	
Official dentity)		
Health Reimbursement Account	envir complete la	\$4,350
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BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$353,847
Support Staff Salaries	16	\$302,526
Purchased Services	40	\$120,000
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$229,821
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$1,006,194

Agency Code:	142201040000
Project#:	5880-21-0835
Contract #:	
Agency Name:	North Collins Central 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).

Date Signature

Scott Taylor-Superintedent
Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLY			
Funding Dates: _	From	То	
Program Approval:	Date	e:	
Fiscal Year	First Payment	<u>Line #</u>	
Voucher #	Firs	st Payment	

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 Finance:
 Logged ______
 Approved ______
 MIR ______