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

Project Funding Dates: 3/13/2020

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

= Required Field

9/30/2024

End

	Local Agency Information	
	ARP-ESSER 1% Sate-Level Reserve Summer Learning and Enrichment	
Report Prepared By:	Brad Conklin	
Agency Name:	Valley Central School District	
Mailing Address:	944 State Route 17K	
- -	Street	
	Montgomery NY	12549
	City State	Zip Code
Telephone # of eport Preparer: 845-457-	2400 Ext 18122	e
-mail Address: Brad.Cor	ıklin@vcsdny.org	

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.

Start

- 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 PROFESS	IONAL STAFF	
		Subtotal - Code 15	\$250,905
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Summer School Teachers (approximately 75)	4500 hours	\$43 per hour	\$193,500
Summer Enrichment Class Teachers (approximately 15 teachers)	975 hours	\$43 per hour	\$41,925
Social Emotional Learning Camp Teachers (approximately 6 teachers)	360 hours	\$43 per hour	\$15,480
reachers (approximately o teachers)			7447 WHAT A A A A A A A A A A A A A A A A A A

SALARIE	S FOR SUPPO	ORT STAFF	
		Subtotal - Code 16	\$40,075
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Summer School Paras (approximately 25 paras)	1000 hours	\$20/hour	\$20,000
Summer School Nurses (approximately 8)	300 hours	\$43/hour	\$12,900
Summer School Food Service workers (approximately 6)	285 hours	\$15/hour	\$4,275
Summer School Food Service manager (approximately 1)	116 hours	\$25/hour	\$2,900

SUPPL	IES AND MATE	RIALS	
		Subtotal - Code 45	\$13,942
Description of Item	Quantity	Unit Cost	Proposed Expenditure
SEL Camp and Summer Enrichment Supplies for Year 1	1.00	\$3,452.00	\$3,452
SEL Camp Supplies for years 2 and 3	2.00	\$1,000.00	\$2,000
Summer Enrichment Supplies Years 2 and 3	2.00	\$2,500.00	\$5,000
Summer School Food	1.00	\$3,490.00	\$3,490

	Employee Benefits	
	Subtotal - Code 80	\$57,423
	Benefit	Proposed Expenditure
Social Security		\$22,260
	New York State Teachers	\$25,905
Retirement	New York State Employees	\$9,258
	Other - Pension	
Health Insurance		
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

BUDGET SUMMARY

Agency Code:

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$250,905
Support Staff Salaries	16	\$40,075
Purchased Services	40	
Supplies and Materials	45	\$13,942
Travel Expenses	46	
Employee Benefits	80	\$57,423
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Gran	d Total	\$362,345

Project #:	5882-21-2270
Contract #:	
Agency Name:	Valley Central School District

441301060000

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).

12/15/21	Im	P. Vanthis
Date		Signature

Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLY		
Funding Dates:	From	То
rogram Approval:	Date:	
<u>Fiscal Year</u>	<u>First Payment</u>	Line#
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Voucher#		Payment

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Finance: Logged _____ Approved ____ MIR ____