

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: STATE RESERVES - Summer Pro

Report Prepared By: Maureen Phippen Ladd

Agency Name: Central Square CSD

Mailing Address: 44 School Drive

Street

Central Square

NY

13036

City

State

Zip Code

**Telephone # of
 Report Preparer:** 315-668-4220

County: Oswego

E-mail Address: mladd@cssdapps.org

Project Funding Dates: 3/13/2020
 Start

9/30/2024
 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			\$313,104
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Middle School Summer Program, 15 teachers - Year 1	Stipend	\$3,640	\$54,600
Middle School Summer Program, Admin Intern - year 1	Stipend	\$2,500	\$2,500
Middle School Summer Program, Nurse - Year 1	Stipend	\$2,500	\$2,500
Middle School Summer Program, 3 Teaching Assistants, Year 1	Hourly	\$1,138	\$3,415
Middle School Summer Program, Monitor, Year 1	Houly	\$1,350	\$1,350
Middle School Summer Program, 15 teachers - Year 2	Stipend	\$3,640	\$54,600
Middle School Summer Program, Admin Intern - year 2	Stipend	\$2,500	\$2,500
Middle School Summer Program, Nurse - Year 2	Stipend	\$2,500	\$2,500
Middle School Summer Program, 3 Teaching Assistants, Year 2	Hourly	\$1,138	\$3,415
Middle School Summer Program, Monitor, Year 1	Houly	\$1,350	\$1,350
Middle School Summer Program, 15 teachers - Year 3	Stipend	\$3,640	\$54,600
Middle School Summer Program, Admin Intern - year 3	Stipend	\$2,500	\$2,500
Middle School Summer Program, Nurse - Year 3	Stipend	\$2,500	\$2,500
Middle School Summer Program, 3 Teaching Assistants, Year 3	Hourly	\$1,138	\$3,415
Middle School Summer Program, Monitor, Year 3	Houly	\$1,350	\$1,350
High School Summer Program, 13 teachers - Year 1	Stipends	\$2,500	\$32,500
High School Summer Program, Admin. Intern - Year 1	Stipend	\$2,500	\$2,500
High School Program, Librarian - Year 1	Stipend	\$1,250	\$1,250
High School Program, Nurse - Year 1	Stipend	\$2,500	\$2,500
High School Program, Monitor - Year 1	Hourly	\$1,250	\$1,250
High School Summer Program, 13 teachers - Year 2	Stipends	\$2,500	\$32,500
High School Summer Program, Admin. Intern - Year 2	Stipend	\$2,500	\$2,500
High School Program, Librarian - Year 2	Stipend	\$1,250	\$1,250
High School Program, Nurse - Year 2	Stipend	\$2,500	\$2,500
High School Program, Monitor - Year 2	Hourly	\$1,250	\$1,250
High School Summer Program, 13 teachers - Year 3	Stipends	\$2,500	\$32,500
High School Summer Program, Admin. Intern - Year 3	Stipend	\$2,500	\$2,500
High School Program, Librarian - Year 3	Stipend	\$1,250	\$1,250
High School Program, Nurse - Year 3	Stipend	\$2,500	\$2,500

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$313,104
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$313,104

Agency Code: **460801060000**

Project #: **5882-21-2345**

Contract #: _____

Agency Name: **Central Square CSD**

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).

11/30/2021 _____
 Date Signature

Thomas J. Colabufo, Superintendent
Name and Title of Chief Administrative Officer

Finance: Logged _____

Approved _____

MIR _____