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		
28. 212	Local Agency Inform	nation	
Funding Source:	ARP-ESSER 5% State-Level Reserve-Addressing the Impact of Lost Instructional Time		
Report Prepared By:	Matthew Pfleegor	TELESCOPIC ATTROCERS IN A EX	
Agency Name:	Avoca CSD	Vietn	
Mailing Address:	P.O. Box G Street		
	Avoca NY City State		
	S-2221, ext. 1114 County	Steuben	
E-mail Address: mpfleegor@avocacsd.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 FO	OR PROFESSIO	DNAL STAFF	
		Subtotal - Code 15	\$252,901
Specific Position Tittle	emili-Mine Mathsvirped	Ámmuelléæd Rélé dí Pey	Project Salary
Math/ELA Intervention Teacher (21-22)	1.00	\$45,565	\$45,565
Math Intervention Teacher (21-22)	0.1654	\$69,937	\$11,570
Math/ELA Intervention Teacher (22-23)	1.00	\$47,388	\$47,388
Math Intervention Teacher (22-23)	1.00	\$72,734	\$72,734
Math Intervention Teacher (23-24)	1.00	\$75,644	\$75,644

SALAF	RIES FOR SUPPOR	RT STAFF	
		Subtotal - Code 16	\$54,433
Specific Position Title	Full-lings Equivalent	Annualizadi Rata of Pay	Rigjedt Salany
Teacher Aide (21-22)	1.00	\$17,438.00	\$17,438
Teacher Aide (22-23)	1.00	\$18,135.00	\$18,135
Teacher Aide (23-24)	1.00	\$18,860.00	\$18,860

	Employee Benefits	
	Subtotal - Code 80	\$192,662
	Bendiff	Pioposed Symilium
Social Security		\$23,512
	New York State Teachers	\$24,784
Retirement	New York State Employees	\$8,818
	Other - Pension	
Health Insurance		\$135,548
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		
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BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$252,901
Support Staff Salaries	16	\$54,433
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$192,662
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Gran	d Total	\$499,996

Agency Code:	570201040000
Project #:	5884-21-2840
Contract #:	
Agency Name:	Avoca CSD

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 12/1 22 Steph Cgr
Date Signature

Stephen Saxton, Superintendent
Name and Title of Chief Administrative Officer

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

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 Finance:
 Logged ______
 Approved ______
 MIR ______