

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 Base 90%		
Report Prepared By:	Matthew Pfleegor		
Agency Name:	Avoca CSD		
Mailing Address:	P.O. Box G		
	Street		
	Avoca	NY	14809
	City	State	Zip Code
Telephone # of Report Preparer:	(607) 566-2221, ext. 1114	County:	Steuben
E-mail Address:	mpfleegor@avocacsd.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 FOR PROFESSIONAL STAFF			
Subtotal - Code 15			\$347,170
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Math Intervention Teacher (21-22) - Learning Loss	0.83	\$69,937	\$58,367
Social Worker (21-22)	1.00	\$49,305	\$49,305
Annual Enrichment Stipend-Page Turners (21-22)	Stipend	\$871	\$871
Social Worker (22-23)	1.00	\$51,278	\$51,278
Hourly After School Program Stipends (22-23)- Learning Loss	Hourly	4 Staff @ 219 hours each @ \$32.66 per hour	\$28,605
Annual Enrichment Stipend-Page Turners (22-23)	Stipend	\$906	\$906
Social Worker (23-24)	1.00	\$53,329	\$53,329
After School Program Coordinator (23-24)- Learning Loss	0.12	\$74,562	\$8,653
Hourly After School Program Stipends (23-24)- Learning Loss	Hourly	6 Staff @ 231 hours each @ \$33.97 per hour	\$47,150
Hourly Summer Program Teacher Stipends (23-24)- Learning Loss	Hourly	1 Staff @ 5.25 hours @ \$33.97 per hour	\$179
Hourly Summer Program TA Stipends (23-24)- Learning Loss	Hourly	2 Staff @ 140 hours each @ \$15.60 per hour	\$4,368
Annual Enrichment Stipend-Page Turners (23-24)	Stipend	\$942	\$942
Summer Program Coordinator Stipend (24-25)- Learning Loss	0.12	\$74,562	\$8,999
Hourly Summer Program Teacher Stipends (24-25)- Learning Loss	Hourly	4 Staff @ 210 hours each @ \$35.33 per hour	\$29,677
Hourly Summer Program TA Stipends (24-25)- Learning Loss	Hourly	2 Staff @ 140 hours each @ \$16.22 per hour	\$4,541

PURCHASED SERVICES			
Subtotal - Code 40			\$63,000
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Student Enrichment (Assemblies and Field Trips) (21-22)	The Clemens Center, The Strong Museum of Play, and The Geva Theatre	Per contracts w/ providers	\$5,000
Reading Consultant (21-22)	Laurie Baker	Per contract w/ provider	\$6,000
Leadership Development Consultant (21-22)	LEAF, Inc. Leadership Coaching	Per contract w/ provider	\$10,000
Student Enrichment (Assemblies and Field Trips) (22-23)	The Clemens Center, The Strong Museum of Play, and The Geva Theatre	Per contracts w/ providers	\$5,000
Reading Consultant (22-23)	Laurie Baker	Per contract w/ provider	\$6,000
Leadership Development Consultant (22-23)	LEAF, Inc. Leadership Coaching	Per contract w/ provider	\$10,000
Student Enrichment (Assemblies and Field Trips) (23-24)	The Clemens Center, The Strong Museum of Play, and The Geva Theatre	Per contracts w/ providers	\$5,000
Reading Consultant (23-24)	Laurie Baker	Per contract w/ provider	\$6,000
Leadership Development Consultant (23-24)	LEAF, Inc. Leadership Coaching	Per contract w/ provider	\$10,000

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$56,040
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Topcat Classroom Audio Systems	15.00	\$1,902.63	\$28,540
Document Cameras	25.00	\$100.00	\$2,500
Webcams	50.00	\$200.00	\$10,000
Math Intervention Materials & Supplies: Manipulatives, Calculators, Text Based Resources (Workbooks, Study Guides, Review Books), and Online Resources (IXL, MobyMax, Kahn Academy).- Learning Loss	100.00	\$50.00	\$5,000
After School Program Materials & Supplies: Material Storage Carts, Arts & Crafts Supplies, Educational Boardgames, Yoga Mats, Robotics Kits, Sewing Equipment, & Baking Supplies.- Learning Loss	100.00	\$50.00	\$5,000
Summer Program Materials & Supplies: Material Storage Carts, Arts & Crafts Supplies, Educational Boardgames, Yoga Mats, Robotics Kits, Sewing Equipment, & Baking Supplies.- Learning Loss	100.00	\$50.00	\$5,000

Employee Benefits		
Subtotal - Code 80		\$131,976
Benefit		Proposed Expenditure
Social Security		\$26,351
Retirement	New York State Teachers	\$33,756
	New York State Employees	
	Other - Pension	
Health Insurance		\$71,869
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

MINOR REMODELING		
Subtotal - Code 30		\$333,240
Description of Work to be Performed	Calculation of Cost	Proposed Expenditure
HVAC work to improve school ventilation. This will consist of replacing outdated classroom and common area unit ventilators and air conditioning units with newer, more efficient units.	Unit Ventilator and A/C Units: \$150,000 (15 units at an estimated per unit cost of \$10,000); Installation Costs: \$150,000 (This estimate includes labor; installation materials such as piping, wiring, and insulation; and the cost of adding the new units to the district's HVAC control system.); and Project Design Fees: \$33,240	\$333,240

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$347,170
Support Staff Salaries	16	
Purchased Services	40	\$63,000
Supplies and Materials	45	\$56,040
Travel Expenses	46	
Employee Benefits	80	\$131,976
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	\$333,240
Equipment	20	
Grand Total		\$931,426

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

Name and Title of Chief Administrative Officer

Agency Code: **570201040000**

Project #: **5880-21-2840**

Contract #:

Agency Name: **Avoca CSD**

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

Fiscal Year

First Payment

Line #

Voucher #

First Payment

Finance: Logged _____

Approved _____

MIR _____