

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:	ESSER ARP		
Report Prepared By:	B. Briganti		
Agency Name:	North Salem CSD		
Mailing Address:	230 June Road		
	Street		
	North Salem	NY	10560
	City	State	Zip Code
Telephone # of Report Preparer:	914-669-5414 x 1012	County: Westchester	
E-mail Address:	bbriganti@northsalemschools.org		
Project Funding Dates:	3/13/2020 Start	9/30/2024 End	



INSTRUCTIONS
<ul style="list-style-type: none"> • 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/.

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SALARIES FOR PROFESSIONAL STAFF

			Subtotal - Code 15	\$258,787
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary	
Teacher (DH)	0.40	\$81,938	\$32,775	
Teacher (NR)	0.40	\$112,468	\$44,987	
Teacher Summer Academy/ESY	245 hours	\$65/per hour	\$15,925	
Teacher Summer Academy/ESY	245 hours	\$65/per hour	\$15,925	
Teacher Summer Academy/ESY	245 hours	\$65/per hour	\$15,925	
Teacher Summer Academy/ESY	245 hours	\$65/per hour	\$15,925	
Teacher Summer Academy/ESY	245 hours	\$65/per hour	\$15,925	
Teacher Summer Academy/ESY	245 hours	\$65/per hour	\$15,925	
Speech ESY	460 hours	\$65/per hour	\$29,900	
Teacher - School Tutoring	855 hours	\$65/per hour	\$55,575	

SALARIES FOR SUPPORT STAFF

			Subtotal - Code 16
			\$58,771
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Bus Driver Hourly-Summer	120 hours	\$34.15833/hour	\$4,099
Bus Driver Hourly-Summer	120 hours	\$34.15833/hour	\$4,099
Bus Driver Hourly-Summer	120 hours	\$34.15833/hour	\$4,099
Paraprofessional Hourly-Hourly	155 hours	\$26.129/hour	\$4,050
Paraprofessional Hourly-ESY	155 hours	\$26.129/hour	\$4,050
Paraprofessional School Year	1.00	\$31,266.00	\$31,315
Paraprofessional School Year	0.22	\$31,266.00	\$7,059

PURCHASED SERVICES			
			Subtotal - Code 40
			\$346,960
Description of Item	Provider of Services	Estimated Amount	Proposed Expenditure
Mechanical Engineering	KSQ Design Services	46,960 Architect fee	\$46,960
Upgrade, repair and installation of Unit Ventilators for multiple classrooms	S & O/Johnson Controls	200,000 heating/vent	\$300,000
		92,000 electric 1,000 legal	}
		2,000 admin cost 5,000 insurance	

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SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$3,090
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Desk Mounts for Screen Dividers	300.00		\$3,090

PURCHASED SERVICES WITH BOCES			
Subtotal - Code 49			\$100,000
Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
Consulant Reading Coach	Putnam Northern Westchester Boces	\$100,000.00	\$100,000
	400 hours @ \$250/hr.		

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$258,787
Support Staff Salaries	16	\$58,771
Purchased Services	40	\$346,960
Supplies and Materials	45	\$3,090
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	\$100,000
Minor Remodeling	30	
Equipment	20	
Grand Total		\$767,608

Agency Code: **661301040000**

Project #: **5880-21-3760**

Contract #: _____

Agency Name: **North Salem CSD**

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

<u>Fiscal Year</u>	<u>First Payment</u>	<u>Line #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____

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).

9/22/2021 _____
 Date Signature

Kenneth Freeston, Superintendent of Schools
 Name and Title of Chief Administrative Officer