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			
Fundin	Funding Source: ARP-ESSER 1% State-Level Reserve - Comprehensive After School					
Report Pre	pared By:	Nancy Dingman				
Agency Name: Hannibal CSD						
Mailing Address:		928 Cayuga Street				
	[Street				
		Hannibal	NY		13074	
	ļ	City	State	Z	lip Code	
Telephone # of Report Preparer:		7977	County:	Dswego		
E-mail Address:	nhenner(@hannibalcsd.org				
Project Fundi	ng Dates:	3/13/2020			0/2024 End	
		Start			_IIQ	

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			\$197,521	
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary	
Academic Study Hall HS and DMK(3 years)(150 days * 3 year * 2 teachers * \$25 an hour)	2.00	\$25	\$22,500	
Teaching Assistant after hours (2.5 hours *\$25 per hour *160 days*3 years)	2.5 hours per day	\$25	\$30,000	
After Hours Tutoring (Twilight program). Up to 3 teachers per day. (3 years)	2.5 hours per day	\$50	\$130,021	
Intermural Program (3 years) Fall, Winter, and Spring Sport Stipends	12 teachers	\$1250 each	\$15,000	
10.14				

22500

	Subtotal - Code 80	\$20 E00
	Subtotal - Code 80	\$30,500
Benefit		Proposed Expenditure
Social Security		\$13,000
	New York State Teachers	\$17,500
Retirement	New York State Employees	
	Other - Pension	
Health Insurance		
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$197,521
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$30,500
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$228,021

Agency Code:	460701040000
Project #:	5883-21-2340
Contract #:	
Agency Name:	Hannibal CSD

FOR DEPARTMENT USE ONLY

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).

Q14121	Mas
Date	Signature

Christopher A. Staats, Superintendent
Name and Title of Chief Administrative Officer

Funding Dates:	From	То
Program Approval: _	Date	e:
Fiscal Year	First Payment	<u>Line #</u>
	34	
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8		=
<u></u>		-
Voucher	# Firs	st Payment

12/14/2021

inance: Logg	ed Approved	MIR	
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