

= Required Field

Local Agency Information		
Funding Source:	ARP-ESSER 1% State-Level Reserve - Summer Learning and Enrichment	
Report Prepared By:	Nancy Dingman	
Agency Name:	Hannibal CSD	
Mailing Address:	928 Cayuga Street	
	Street	
	Hannibal City	NY State
Telephone # of Report Preparer:	315-564-7977	County: Oswego
E-mail Address:	nhenner@hannibalcsd.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			\$139,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Summer Enrichment (Keefe) Summer 2021	1 teacher	\$17,500	\$17,500
Summer Enrichment (Keefe) Summer 2022	1 teacher	\$18,000	\$18,000
Summer Enrichment (Keefe) Summer 2023	1 teacher	\$18,200	\$18,200
Summer Enrichment (Keefe) Summer 2024	1 teacher	\$18,500	\$18,500
Summer Olympics Camp Summer 2022	2 teachers	\$1,000	\$2,000
Summer Olympics Camp Summer 2023	2 teachers	\$1,000	\$2,000
Summer Olympics Camp Summer 2024	2 teachers	\$1,000	\$2,000
Grade Level summer field trips (13 grades, 4 teachers each grade, Summer 2022)	4 teachers each grade, 6 hours per day	\$50 per hour	\$15,600
Grade Level summer field trips (13 grades, 4 teachers each grade, Summer 2023)	4 teachers each grade, 6 hours per day	\$50 per hour	\$15,600
Grade Level summer field trips (13 grades, 4 teachers each grade, Summer 2024)	4 teachers each grade, 6 hours per day	\$50 per hour	\$15,600
STEM Camp: Summer 2022	3 teachers for 30 hours each	\$50 per hour	\$4,500
STEM Camp: Summer 2023	3 teachers for 30 hours each	\$50 per hour	\$4,500
STEM Camp: Summer 2024	3 teachers for 30 hours each	\$50 per hour	\$4,500
STEM Camp: Summer 2022 TA	1 Teacher Assistant	\$500 Stipend	\$500

PURCHASED SERVICES			
Subtotal - Code 40			\$39,500
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Lego Camp Summer 2022	Bricks for Kids	\$5000 per Summer	\$5,000
Lego Camp Summer 2023	Bricks for Kids	\$5000 per Summer	\$5,000
Lego Camp Summer 2024	Bricks for Kids	\$5000 per Summer	\$5,000
Tickets to the Zoo: \$15 each for 389 students for three years	Syracuse Zoo and The Wild	\$15 * 389 students * 3 years	\$17,500
Summer Bowling Activity: \$10 per student, 100 students, for three years	Fulton Bowling	\$10 per student, 100 students, 3 years	\$3,000
Inspire a better future for all through curiosity, exploration, and participation in science, culture, and the natural world	Rochester Museum Science Center:	\$18 * 222 students	\$4,000

Employee Benefits		
Subtotal - Code 80		\$28,521
Benefit		Proposed Expenditure
Social Security		\$12,500
Retirement	New York State Teachers	\$16,021
	New York State Employees	
	Other - Pension	
Health Insurance		
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

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BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$139,000
Support Staff Salaries	16	
Purchased Services	40	\$39,500
Supplies and Materials	45	\$21,000
Travel Expenses	46	
Employee Benefits	80	\$28,521
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$228,021

Agency Code:

Project #:

Contract #:

Agency Name:

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

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).

12/15/21 _____
Date Signature

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

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

Finance: Logged _____ Approved _____ MIR _____