

= Required Field

Local Agency Information			
Funding Source:	ARP-ESSER 5% State-Level Reserve Impact of Lost Instruct		
Report Prepared By:	Nancy Dingman		
Agency Name:	Hannibal CSD		
Mailing Address:	928 Cayuga Street		
	Street		
	Hannibal	NY	13074
	City	State	Zip Code
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
<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/.

SALARIES FOR PROFESSIONAL STAFF			
Subtotal - Code 15			\$767,800
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Multi-Tiered System of Support Coordinator 2022-2023	1.00	\$60,000	\$60,000
Multi-Tiered System of Support Coordinator 2023-2024	1.00	\$61,800	\$61,800
UPK Teacher 2021-2022	1.00	\$68,000	\$68,000
UPK Teacher 2021-2022	1.00	\$68,000	\$68,000
UPK Teacher 2022-2023	1.00	\$70,000	\$70,000
UPK Teacher 2022-2023	1.00	\$70,000	\$70,000
UPK Teacher 2023-2024	1.00	\$72,000	\$72,000
UPK Teacher 2023-2024	1.00	\$72,000	\$72,000
UPK Teacher Assistant 2022-2023	1.00	\$22,000	\$22,000
UPK Teacher Assistant 2022-2023	1.00	\$22,000	\$22,000
UPK Teacher Assistant 2023-2024	1.00	\$23,000	\$23,000
UPK Teacher Assistant 2023-2024	1.00	\$23,000	\$23,000
Behavioral Specialist 2022	0.50	\$50,000	\$25,000
Behavioral Specialist 2022-2023	1.00	\$55,000	\$55,000
Behavioral Specialist 2023-2024	1.00	\$56,000	\$56,000

Employee Benefits		
Subtotal - Code 80		\$372,271
Benefit		Proposed Expenditure
Social Security		\$58,000
Retirement	New York State Teachers	\$77,000
	New York State Employees	
	Other - Pension	
Health Insurance		\$237,271
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

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BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$767,800
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$372,271
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$1,140,071

Agency Code:	460701040000
Project #:	5884-21-2340
Contract #:	
Agency Name:	Hannibal CSD

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).

12/12/21 _____
 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	