## INSTRUCTIONS

- This budget tool contains 12 worksheets 1 for agency information, 1 for each of the 10 budget categories, and 1 for the budget summary. To go to the other worksheets, click on the tabs below.
- Complete all of the green-shaded fields on the Agency Information page and the Budget Summary pages. It is very important that the agency name, agency code and the project number, if available, are accurate.
- To enter budget information for a particular category, select that tab and enter the
  required data. Dollar amounts in the Project Salary/Proposed Expenditure columns
  of the worksheets will be automatically subtotaled on the worksheets, and the
  subtotals will be carried over to the Budget Summary worksheet. Dollar amounts will
  be rounded automatically to the closest whole number. The subtotals and the
  Budget Summary will automatically be recalculated if the dollar amounts are
  changed or new information is added.
- Large amounts of text in the description boxes may not be completely visible. To
  accommodate extra text, expand the row height by dragging the line below the row
  number until the row is at the appropriate height.
- On the indirect cost category worksheet, the Maximum Direct Cost Base listed below the chart is the total of codes 15, 16, 40, 45, 46 and 80. To compute the amount in row A. - Modified Direct Cost Base, subtract the portion of each subcontract exceeding \$25,000 and any flow through funds from the Maximum Direct Cost Base. Enter the agency's indirect cost rate as a whole number plus one decimal (2.1%, for example).
- To save the completed budget, select File / Save As, rename the file, select the appropriate location on your computer, and click OK.
- To preview a completed budget, select File / Print and then click the Preview button.
- To print a completed budget, select File / Print and then click OK. Only completed budget pages will print.
- The Chief Administrator's Certification on the Budget Summary worksheet must be signed by the agency's Chief Administrative Officer or properly authorized designee.
- Submit a budget with original signature, copies of the signed budget as specified in the grant application instructions, and grant application materials to the State Education Department office listed in the grant application instructions. Do not submit budgets or grant applications to Grants Finance.
- For additional information about preparing budgets, please refer to Fiscal Guidelines for Federal and State Grants at http://www.oms.nysed.gov/cafe/guidance/.

## The University of the State of New York THE STATE EDUCATION DEPARTMENT

## PROPOSED BUDGET FOR A FEDERAL OR STATE PROJECT FS-10 (03/15)

Local Agency Information				
Funding	source:	ARP ESSER Reserve - Learning Loss		
Report Prep	ared By:	Kathleen Wetmore-Chase		
Agend	cy Name:	Shenendehowa Cent	ral School	
Mailing A	Address:	5 Chelsea Place	Stre	eet
		Clifton Park	NY	12065
	l	City	State	Zip Code
Telephone # of Report Preparer:	(518)881-0	0623	County:	Saratoga
E-mail Address: wetmkath@shenschools.org				
Project Fundin	ng Dates:	3/13/2020 Start		9/30/2024 End
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## 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	\$895,939
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Lower Class sizes at K-2 levels for 2 years to address the lack of pre-K exposure by many students during the COVID shut down of schools and other insttistutions of learning (2 Fte x 2 yrs x \$65,000)	4.00	\$65,000	\$260,000
Additional NYS certified teachers hired (.5 FTE per 8 elementary, .5 FTE per 3 middle schools + 2.0 FTE at high school) to provide high dosage tutoring for K-12), targeted at Math and ELA, bridging classroom instructional time loss for 1 year. High dosage tutoring is designed to supplement instruction provided in the general education setting to assist students in meeting proficiency with the established learning standards. High Dosage Tutoring will assist students who have not met or who are at risk of not meeting the designated grade level benchmarks and/or not meeting proficiency on State assessments in English language arts (grades 3-12), mathematics (grades 3-12), social studies (grade 10-12) science (grades 6-12), and English language development (NYSESLAT K-12). The goal of high dosage tutoring is to provide intervention to students who are performing below grade-level expectations before insurmountable gaps develop.  Comprehensive use of student data will ensure that students who have the greatest gaps between grade level benchmarks and current performance will be prioritized.Outcomes will be monitored from the lens of "all students' ' and then disaggregated to ensure all subgroups are making growth and experience strong school engagement as a result of funding. Reading Inventory (RI) computerbased assessment to get an up to date lexile to be able to test the student with reading materials at their level. Readworks Assessment: http://www.readworks.org to assess a combination of explicit and implicit comprehension. Vocabulary Informal Assessments (Writing, Word Parts, Speaking) targeting general or content-specific vocabulary.	8.47918	\$75,000	\$635,939

SALARIES FOR SUPPORT STAFF					
	Subtotal - Code 16				
0 15 D 111 T11	Full Time Appualized Pate				
Specific Position Title	Equivalent	of Pay	Project Salary		

PURCHASED SERVICES				
	Subtotal - Code 40			
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure	

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SUPPLIES AND MATERIALS				
Subtotal - Code 45				
Description of Item	Quantity	Unit Cost	Proposed Expenditure	

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TRAVEL EXPENSES			
	Subtotal - Code 46		
Position of Traveler	Destination and Purpose	Calculation of Cost	Proposed Expenditures












Employee Benefits		
	Subtotal - Code 80	\$68,539
Benefi	t	Proposed Expenditure
Social Security: Professional Salaries \$895,939 x .0765		\$68,539
	New York State Teachers	
Retirement	New York State Employees	
	Other - Pension	
Health Insurance		
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

	INDIRECT COST	
A.	Modified Direct Cost Base Sum of all preceding subtotals(codes 15, 16, 40, 45, 46, and 80 and excludes the portion of each subcontract exceeding \$25,000 and any flow through funds) **Manual Entry	
B.	Approved Restricted Indirect Cost Rate	
C.	Subtotal - Code 90	

For your information, maximum direct cost base =

\$964,477.83

To calculate Modified Direct Cost Base, reduce maximum direct cost base by the portion of each subcontract exceeding \$25,000 and any flow through funds.

PURCHASED SERVICES WITH BOCES			
	Subtotal - Code 49		
Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure

MINOR REMODELING		
Subtotal - Code 30		
Description of Work to be Performed	Calculation of Cost	Proposed Expenditure

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EQUIPMENT			
		Subtotal - Code 20	
Description of Item	Quantity	Unit Cost	Proposed Expenditure

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## **BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$895,939
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$68,539
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Gran	\$964,478	

Agency Code:	520302060000
Project #:	5884-21-2675
Contract #:	
Agency Name:	Shenendehowa Central School

**FOR DEPARTMENT USE ONLY** 

From

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).

act, 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 11, Sections 3729-3730 and 3801-3812).	<u>Fiscal Year</u>	<u>First Payment</u>	<u>Line #</u>
1 1			_
Date Signature			
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lame and Title of Chief Administrative Officer			<u> </u>

Funding Dates: \_\_

		V	oucher#		First Payment
Finance:	Logged	Approved		MIR	

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