

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:	American Rescue Plan - 5% State-Level Reserve - Addressing the Impact of Lost Instructional Time	
Report Prepared By:	Joseph McLaughlin	
Agency Name:	Harpursville CSD	
Mailing Address:	PO Box 147	
	Street	
	Harpursville	NY 13787
	City	State Zip Code
Telephone # of Report Preparer:	607-693-8120	County: Broome
E-mail Address:	jjmclaughlin@hcs.stier.org	
Project Funding Dates:	3/13/2020	9/30/2024
	Start	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			\$310,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
LT - Sub for ELA Intervention Position in original ARP Grant 2022-23	1.00	\$50,000	\$50,000
LT - Sub for ELA Intervention Position in original ARP Grant 2023-24	1.00	\$50,000	\$50,000
LT - Sub for Math Intervention Position in original ARP Grant 2022-23	1.00	\$50,000	\$50,000
LT - Sub for Math Intervention Position in original ARP Grant 2023-24	1.00	\$50,000	\$50,000
Mental Health Counselor 2022-23	1.00	\$55,000	\$55,000
mental Health Counselor 2023-24	1.00	\$55,000	\$55,000

PURCHASED SERVICES			
Subtotal - Code 40			\$98,200
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Character Strong	Character Strong		\$10,000
Paper - Online Tutor	Paper - Online Tutor	3 years at \$25,000	\$75,000
Solution Tree Associate to work with District Admin	Solution Tree	2 visits at \$6600	\$13,200

[illegible]

Employee Benefits		
Subtotal - Code 80		\$72,950
Benefit		Proposed Expenditure
Social Security		\$22,950
Retirement	New York State Teachers	\$30,000
	New York State Employees	
	Other - Pension	
Health Insurance		\$20,000
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$310,000
Support Staff Salaries	16	
Purchased Services	40	\$98,200
Supplies and Materials	45	\$18,400
Travel Expenses	46	
Employee Benefits	80	\$72,950
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$499,550

Agency Code:	030501040000
Project #:	5884-21-0155
Contract #:	
Agency Name:	Harpursville CSD

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).

12/20/2021 
 Date Signature

Michael Rullo (Superintendent)

Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

Fiscal Year

First Payment

Line #

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Voucher #

First Payment

Finance: Logged _____

Approved _____

MIR _____