

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 - Elementary and Secondary School Emergency Relief	
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			\$247,732
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Math Leadership Position 22-23	1.00	\$72,685	\$72,685
Math Leadership Position 23-24	1.00	\$75,047	\$75,047
ELA Leadership Position 22-23	1.00	\$50,000	\$50,000
ELA Leadership Position 23-24	1.00	\$50,000	\$50,000

PURCHASED SERVICES			
Subtotal - Code 40			\$2,010,000
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Roof top air handling units for A/C and improved air flow	M/E Engineering	\$200,000 per unit (2 units)	\$400,000
Air Conditioning Units	M/E Engineering	102 units at \$12,500	\$1,275,000
Related Fees	Ashley McGraw	related services	\$335,000

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$462,931
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Dell Latitude 9520	6.00	\$1,610.00	\$9,660
Dell Latitude 5420	67.00	\$889.63	\$59,605
Dell Optical Mouse	67.00	\$5.00	\$335
Dell UltraHarp 24 USBC	70.00	\$325.00	\$22,750
Dell Optiplex 7090	70.00	\$980.00	\$68,600
Promeathen ActivPanel Titanium 70" Interactive Flat Panel (AP7-B70-NA-1)	80.00	\$2,653.00	\$212,240
Promethean Mobile Stand, Manual height adj. (AP-ASM-70)	10.00	\$1,060.00	\$10,600
Promethean ActivPanel Medium (APM5YROSS-B)	80.00	\$60.00	\$4,800
C2G USB 2.0 OVER CAT5 Superbooster Wall Plate Transmitter to Dongle Receiver Kit (CG53878)	70.00	\$391.00	\$27,370
C2G hdmi Pass through wall plate	70.00	\$22.00	\$1,540
Over-whiteboard floor to wall support rails for mounting (PCC-CUSTOM)	70.00	\$407.00	\$28,490
Cabling and Hardware (PCC-CABL)	1.00	\$9,441.00	\$9,441
District Licenses for Padlet	1.00	\$1,500.00	\$1,500
District Licenses for ED puzzle	1.00	\$3,000.00	\$3,000

District Licenses for Common Lit	1.00	\$3,000.00	\$3,000
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Employee Benefits		
Subtotal - Code 80		\$180,565
Benefit		Proposed Expenditure
Social Security		\$18,962
Retirement	New York State Teachers	\$24,776
	New York State Employees	
	Other - Pension	
Health Insurance		\$136,827
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT	AMOUNT
Professional Salaries	15		\$247,732
Support Staff Salaries	16		
Purchased Services	40		\$2,010,000
Supplies and Materials	45		\$462,931
Travel Expenses	46		
Employee Benefits	80		\$180,565
Indirect Cost	90		
BOCES Services	49		
Minor Remodeling	30		
Equipment	20		
Grand Total			\$2,901,228

Agency Code:

030501040000

Project #:

5880-21-0155

Contract #:

Agency Name:

Harpursville 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).

9/30/2021

Date

Michael Rullo

Signature

Michael Rullo (Superintendent)**Name and Title of Chief Administrative Officer****Fiscal Year****First Payment****Line #**

Voucher #

First Payment

Finance: Logged

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Approved

MIR