# 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 (ARP) - ESSER 1% State-Level Reserve - Comprehensive After School					
Report Prepared By:	Christopher Slesinski				
Agency Name:	Florida Union Free School District				
Mailing Address: PO Drawer 757, 51 N. Main Street					
	Street				
	Florida	NY		10921	
	City	State		Zip Code	
Telephone # of Report Preparer: 845-651-			Orange		
E-mail Address: cslesinski@floridaufsd.org					
Project Funding Dates:	3/13/2020 Start			0/2023 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/.

		Subtotal - Code 15	\$36,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Class Room Teacher - K-5		\$750	\$1,500
Class Room Teacher - K-5		\$750	\$1,500
Class Room Teacher - K-5		\$750	\$1,500
Class Room Teacher - K-5		\$750	\$1,500
Class Room Teacher - K-5		\$750	\$1,500
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Class Room Teacher - K-5		\$750	\$1,500
Class Room Teacher - K-5		\$750	\$1,500
Class Room Teacher - K-5		\$750	\$1,500
Class Room Teacher - 6-12		\$750	\$1,500
Class Room Teacher - 6-12		\$750	\$1,500
Class Room Teacher - 6-12		\$750	\$1,500
Class Room Teacher - 6-12		\$750	\$1,500
Class Room Teacher - 6-12		\$750	\$1,500
Class Room Teacher - 6-12		\$750	\$1,500
Class Room Teacher - 6-12		\$750	\$1,500
Class Room Teacher - 6-12		\$750	\$1,500
Class Room Teacher - 6-12		\$750	\$1,500
Class Room Teacher - 6-12		\$750	\$1,500
Class Room Teacher - 6-12		\$750	\$1,500
Class Room Teacher - 6-12		\$750	\$1,500

		Subtotal - Code 40	\$63,742
Description of Item	Provider of Services	And the state of t	Proposed Expenditure
Transportation	FUFSD/Quality		\$36,000
Savvas	Subscription base software		\$27,742

SUPPLIES AND MATERIALS  Subtotal - Code 45 \$260			
Teacher Copy Books - "We Do Writing"	10.00	\$26.00	\$260

### **BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$36,000
Support Staff Salaries	16	
Purchased Services	40	\$63,742
Supplies and Materials	45	\$260
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$100,002

Agency Code:	442115020000
Project #:	5883-22-2300
Contract #:	
Agency Name:	Florida Union Free School District

# 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).

/2 /6 / 2 / Signature

Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLY				
Funding Dates:	From	То		
Program Approval:	Da	te:		
Fiscal Year	First Payment	Line #		
<u> </u>	·			
		- ×		
Voucher#	Fir	st Pavment		

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Finance: Logged \_\_\_\_\_ Approved \_\_\_\_ MIR \_\_\_\_