

= Required Field

Local Agency Information			
Funding Source:	ARP ESSER 1% SEA Reserve - Summer		
Report Prepared By:	Katherine Skahen		
Agency Name:	East Syracuse Minoa CSD		
Mailing Address:	407 Fremont Road		
	Street		
	East Syracuse	NY	13057
	City	State	Zip Code
Telephone # of Report Preparer:	315-434-3004	County: Onondaga	
E-mail Address:	kskahen@esmschools.org		
Project Funding Dates:	<u>3/13/2020</u> Start	<u>9/30/2024</u> 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			\$222,768
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Year 1			
High School Summer School / Project Spark Teacher		1,000 hours x \$31 / hour	\$31,000
Spartan Camp Teacher (Middle School Summer School)		325 hours x \$31 / hour	\$10,075
STEAM Camp Teacher (Elementary School Summer School)		520 hours x \$31 / hour	\$16,120
Summer School Psychologist Support		\$50 / hour x 7 hours x 30 days	\$10,500
Year 2			
High School Summer School Teacher		1,000 hours x \$31 / hour	\$31,000
Spartan Camp Teacher (Middle School Summer School)		325 hours x \$31 / hour	\$10,075
STEAM Camp Teacher (Elementary Summer School)		1,040 hours x \$31 / hour	\$32,240
Summer School Psychologist Support		\$50 / hour x 7 hours x 30 days	\$10,500
Year 3			
High School Summer School / Project Spark Teacher		1,000 hours x \$31 / hour	\$31,000
Spartan Camp Teacher (Middle School Summer School)		325 hours x \$31 / hour	\$10,075
STEAM Camp Teacher (Elementary School Summer School)		635 hours x \$31 / hour	\$19,683
Summer School Psychologist Support		\$50 / hour x 7 hours x 30 days	\$10,500

TRAVEL EXPENSES			
Subtotal - Code 46			\$535
Position of Traveler	Destination and Purpose	Calculation of Cost	Proposed Expenditures
Year 1			
Elementary STEAM Camp Field Trips	Green Lakes State Park	1 x \$35 group admission fee	\$35
Year 2			
Elementary STEAM Camp Field Trips	Green Lakes State Park	1 x \$35 group admission fee	\$35
Elementary STEAM Camp Field Trips	Rosamond Gifford Zoo	43 students x \$5 admission fee	\$215
Year 3			
Elementary STEAM Camp Field Trips	Green Lakes State Park	1 x \$35 group admission fee	\$35
Elementary STEAM Camp Field Trips	Rosamond Gifford Zoo	43 students x \$5 admission fee	\$215

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$222,768
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	\$535
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$223,303

Agency Code:

Project #:

Contract #:

Agency Name:

FOR DEPARTMENT USE ONLY


Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

<u>Fiscal Year</u>	<u>First Payment</u>	<u>Line #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Voucher #	First Payment	

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).

1/25/2022 

Date Signature

Dr. Donna DeSiato, Superintendent
Name and Title of Chief Administrative Officer

Finance: Logged _____ Approved _____ MIR _____