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 Agen	cy Informat	ion	
Funding Source: ARP-E		ARP-ESSER State R	eserve-Com	After School	
Report Prepared By: Al Verrette		Al Verrette			
Agen	cy Name:	North Syracuse Ce	ntral Schools	3	
Mailing Address:		5355 W Taft Road			
		Street			
		North Syracuse	NY		13212
	[City	State		Zip Code
أأف المسام المسام]		
Telephone # of eport Preparer:	(315) 218	3-2117	County:	Onondaga	
eport Preparer:		3-2117 gnscsd.org	County:	Onondaga	
lelephone # of Report Preparer: E-mail Address: Project Fundl	averrett@				0/2024

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	\$246,599
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
After School Programming (K-4)	30.00	\$48.07/hr, 3 hrs/week, 30 weeks	\$129,789
After School Programming (5-7)	27.00	\$48.07/hr, 3 hrs/week, 30 weeks	\$116,810

	Employee Benefits	
	Subtotal - Code 80	\$46,629
Benefit		Proposed Expenditure
Social Security		\$18,865
	New York State Teachers	\$23,501
Retirement	New York State Employees	
	Other - Pension	
Health Insurance		
Worker's Compensation		\$4,263
Unemployment Insurance		
Other(identify)		

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS		
Professional Salaries	15	\$246,599	Agency Code:	420303060000
Support Staff Salaries	16			
Purchased Services	40		Project #:	5883-21-2090
Supplies and Materials	45			*
Travel Expenses	46		Contract #:	
Employee Benefits	80	\$46,629		
Indirect Cost	90			
BOCES Services	49		Agency Name:	North Syracuse Central Schools
Minor Remodeling	30			
Equipment	20			
Gran	nd Total	\$293,228	FOR	DEPARTMENT USE ONLY
CHIEF ADMINISTRA	TOR'S	CERTIFICATION	Funding Dates:	From To

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).

Date Date	Signature
Daniel Bowles - S	·

Name and Title of Chief Administrative Officer

3:14 PM

FOR DEPARTMENT USE ONLY			
Funding Dates:	From	То	
Program Approval: _	Date:		
Fiscal Year	First Payment	Line#	
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Vouchera	#	First Payment	

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Finance:	Logged	Approved	MIR
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