

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- 90% Allocation Part II		
Report Prepared By:	Carolyn Oliveri		
Agency Name:	Wilson Central School District		
Mailing Address:	374 Lake St		
	Street		
	Wilson	NY	14172
	City	State	Zip Code
Telephone # of Report Preparer:	(716) 751-9341, ext. 121	County: Niagara	
E-mail Address:	coliveri@wilsoncsd.org		
Project Funding Dates:	3/13/2020 Start	9/30/2024 End	

INSTRUCTIONS
<ul style="list-style-type: none"> ● 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			\$264,628
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
HS/MS Building Base Sub-so AIS teachers not pulled 21-22, 22-23, 23-24			\$54,000
Elem. Building Base Sub-so AIS teachers not pulled 21-22, 22-23, 23-24			\$54,000
Elementary AIS support teacher(2021-22)			\$38,314
Elementary AIS support teacher(2022-23)			\$40,000
2 High School/Middle School AIS support staff for 22-23			\$78,314

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$30,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Substitute Cleaner to ensure buildings are clean and sanitized every night 21-22, 22-23, 23-24			\$30,000

PURCHASED SERVICES			
Subtotal - Code 40			\$40,000
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
b-cares program-mental health supports for staff, 21-22, 22-23, 23-24, 24-25	Benefit Intelligence	\$10,00 a year	\$40,000

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$787,123
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Chromebooks	1574.00	\$280.00	\$440,720
Laptops	210.00	\$647.00	\$135,870
Room cameras	100.00	\$80.00	\$8,000
Document cameras	20.00	\$100.00	\$2,000
Software needs (\$15,000 a year)			\$75,000
Large Venue Projector for HS Aud	1.00	\$4,950.00	\$4,950
Musical instrument to enhance the music program, possible marching band equipment (\$10,000 a year)			\$40,000
APEX software for AIS program for 2024-25			\$39,000
Supplies TOSA Curriculum facilitator may need			\$31,583
Room sanitation guns and tablets	10.00	\$250.00	\$2,500
Cleaning and Sanitation supplies			\$7,500

Employee Benefits		
		Subtotal - Code 80
		\$167,791
Benefit		Proposed Expenditure
Social Security		\$21,000
Retirement	New York State Teachers	\$31,379
	New York State Employees	\$1,000
	Other - Pension	
Health Insurance		\$114,412
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

EQUIPMENT			
Subtotal - Code 20			\$20,000
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Cleaning and Sanitation equipment-floor machine	2.00	\$10,000.00	\$20,000

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$264,628
Support Staff Salaries	16	\$30,000
Purchased Services	40	\$40,000
Supplies and Materials	45	\$787,123
Travel Expenses	46	
Employee Benefits	80	\$167,791
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	\$20,000
Grand Total		\$1,309,542

Agency Code: **401501060000**

Project #: **5880-21-1990**

Contract #: _____

Agency Name: **Wilson Central School District**

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

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

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).

8/5/21 _____
Date Signature

Timothy P. Carter, Superintendent of Schools
Name and Title of Chief Administrative Officer

Finance: Logged _____

Approved _____

MIR _____