

Local Agency Information

Funding Source: ARP ESSER 3

Report Prepared By: Allison Sucharzewski

Agency Name: Willsboro Central School District

Mailing Address: PO Box 180

Street		
Willsboro	NY	12996
City	State	Zip Code

Telephone #: 518-963-4456 County: Essex

E-Mail Address: asucharzewski@willsborocds.org

Project Operation Dates: 3 / 13 / 2020 9 / 30 / 2024
Start End

INSTRUCTIONS

- ❖ **Submit the original 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 the Grants Finance.**
- ❖ Enter whole dollar amounts only.
- ❖ Prior approval by means of an approved budget (FS-10) or budget amendment (FS-10-A) is required for:
 - Personnel positions, number and type
 - Equipment items having a unit value of \$5,000 or more, number and type
 - Minor remodeling
 - Any increase in a budget subtotal (professional salaries, purchased services, travel, etc.) by more than 10 percent or \$1,000, whichever is greater
 - Any increase in the total budget amount.
- ❖ Certification on page 8 must be signed by Chief Administrative Officer or properly authorized designee.
- ❖ High quality computer generated reproductions of this form may be used.
- ❖ For further information on budgeting, please refer to the Fiscal Guidelines for Federal and State Aided Grants which may be accessed at www.oms.nysed.gov/cafe/ or call Grants Finance at (518) 474-4815.

SALARIES FOR PROFESSIONAL STAFF: Code 15

Include only staff that are employees of the agency. Do not include consultants or per diem staff. Do not include central administrative staff that are considered to be indirect costs, e.g., business office staff. One full-time equivalent (FTE) equals one person working an entire week each week of the project. Express partial FTE's in decimals, e.g., a teacher working one day per week equals .2 FTE.

Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
AU #16 Academic and Behavioral Interventions Coordinator			
2021-22	0.5 FTE/year	\$74,831	\$37,416
2022-23		\$77,076	\$38,538
2023-24		\$79,388	\$39,694
Data and Curriculum Coordinator	0.18 FTE/ year	\$80,000	\$14,400
2021-22		\$82,400	\$14,832
2022-23		\$84,872	\$15,277
2023-24			
AU #20 Math Teacher			
2021-22	0.50 FTE Yr.1	\$55,638	\$27,819
2022-23	0.50 FTE Yr. 2	\$57,307	\$28,654
2023-24	0.40 FTE Yr. 3	\$59,026	\$23,611
Subtotal - Code 15			\$240,240

SALARIES FOR SUPPORT STAFF: Code 16

Include salaries for teacher aides, secretarial and clerical assistance, and for personnel in pupil transportation and building operation and maintenance. Do not include central administrative staff that are considered to be indirect costs, e.g., account clerks.

Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Subtotal - Code 16			

PURCHASED SERVICES: Code 40

Include consultants (indicate per diem rate), rentals, tuition, and other contractual services. Copies of contracts may be requested by the State Education Department. Purchased Services from a BOCES, if other than applicant agency, should be budgeted under Purchased Services with BOCES, Code 49.

Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
<p>(20% Required Set-aside) AU #14 "The Prevention Team" Student Mental Health Services</p>	<p>Essex County DSS</p>	<p>Contractual 2021-22 = \$32,000 2022-23 = \$32,000 2023024 = \$32,411</p>	<p>\$32,000 \$32,000 \$32,411</p>
<p>Subtotal - Code 40</p>			<p>\$96,411</p>

SUPPLIES AND MATERIALS: Code 45

Beginning with the 2005-06 year include computer software, library books and equipment items under \$5,000 per unit.

For earlier years include computer software, library books and equipment items under 1,000 per unit.

Description of Item	Quantity	Unit Cost	Proposed Expenditure
<p>Subtotal - Code 45</p>			

INDIRECT COST: Code 90

A. Modified Direct Cost Base – Sum of all preceding subtotals (codes 15, 16, 40, 45, 46, and 80 and excludes the portion of each subcontract exceeding \$25,000 and any flow through funds)	\$	(A)
B. Approved Restricted Indirect Cost Rate	%	(B)
C. (A) x (B) = Total Indirect Cost	\$	(C)

Subtotal – Code 90

PURCHASED SERVICES WITH BOCES: Code 49

Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
Subtotal – Code 49			

MINOR REMODELING: Code 30

Allowable costs include salaries, associated employee benefits, purchased services, and supplies and materials related to alterations to existing sites.

Description of Work To be Performed	Calculation of Cost	Proposed Expenditure
Subtotal – Code 30		

EQUIPMENT: Code 20

Beginning with the 2005-06 year all equipment to be purchased in support of this project with a unit cost of \$5,000 or more should be itemized in this category. Equipment items under \$5,000 should be budgeted under Supplies and Materials, Code 45. Repairs of equipment should be budgeted under Purchased Services, Code 40.

For earlier years the threshold for reporting equipment purchases was \$1,000 or more. Equipment items under \$1,000 should be budgeted under Supplies and Materials.

Description of Item	Quantity	Unit Cost	Proposed Expenditure
		Subtotal – Code 20	\$20,000

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$240,240
Support Staff Salaries	16	\$0
Purchased Services	40	\$96,411
Supplies and Materials	45	\$0
Travel Expenses	46	\$0
Employee Benefits	80	\$41,273
Indirect Cost	90	\$0
BOCES Services	49	\$0
Minor Remodeling	30	\$0
Equipment	20	\$0
Grand Total		\$377,924

Agency Code:	1	5	1	7	0	1	0	4	0	0	0	0
Project #: (If pre-assigned)	5	8	8	0	2	1	0	9	1	0		
Contract #:												
Federal Employer ID #: (New non-municipal agencies only)												
Agency Name:	Willsboro Central School District											

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).

8/12/21

Date

Justin Gardner, School Superintendent

Name and Title of Chief Administrative Officer

Signature

Fiscal Year	Amount Budgeted	First Payment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Voucher #

1.00

First Payment

Approved

MIR

MIR

Finance: