

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:	ARP - ESSER 5% State Level Reserve	
Report Prepared By:	Lori Langevin	
Agency Name:	Whitehall Central School District	
Mailing Address:	87 Buckley Road	
	Street	
	Whitehall	12887
	City	State NY Zip Code
Telephone # of Report Preparer:	518-499-0346 ext 2023	County: Washington
E-mail Address:	llangevin@railroaders.net	
Project Funding Dates:	3/30/2020 Start	9/30/2024 End

Received
 DEC 17 2021
 Office of Accountability



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/>.

RECEIVED
 APR 04 2022
 DISTRICT CLERK

SALARIES FOR PROFESSIONAL STAFF			
Subtotal - Code 15			\$198,117
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Middle School Teacher (22-23)	1.00	\$54,578	\$54,578
Middle School Teacher (23-24)	1.00	\$56,215	\$56,215
Elementary Guidance (22/23)	1.00	\$54,578	\$54,578
Elementary Guidance (23/24)	0.60	\$54,578	\$32,746

PURCHASED SERVICES			
Subtotal - Code 40			\$27,769
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
IXL Material (HS) - 4 subjext(21/22)	IXL	\$2,276.00	\$2,276
IXL Material (ES) - (22/23)	IXL	\$6,050.00	\$6,050
IXL Material (ES) - (23/24)	IXL	\$3,000.00	\$3,000
Educere -Online platform (8)22/23	Educere	\$3,672.00	\$3,672
Educere -Online platform (6) 23/24	Educere	\$2,571.00	\$2,571
Social Emotional Learning (21/22)	Second Step	\$3,400.00	\$3,400
Social Emotional Learning (22/23)	Second Step	\$3,400.00	\$3,400
Social Emotional Learning (23/24)	Second Step	\$3,400.00	\$3,400

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$195,735
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Interactive Displays (prometheon boards)	40.00	\$2,910.00	\$116,400
Surface Pro Laptop for interactive displays	40.00	\$1,500.00	\$60,000
Ipads w/ accessories	15.00	\$965.00	\$14,475
Galaxy Tab A7 (8.7 inches)	30.00	\$162.00	\$4,860

Employee Benefits		
Subtotal - Code 80		\$116,981
Benefit		Proposed Expenditure
Social Security		\$24,627
Retirement	New York State Teachers	\$19,260
	New York State Employees	
	Other - Pension	
Health Insurance		\$73,094
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

PURCHASED SERVICES WITH BOCES			
Subtotal - Code 49			\$30,000
Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
Internet Drops - Improve internet connectivity and 1-touch security alarm	WSWHE	\$30,000.00	\$30,000

EQUIPMENT			
Subtotal - Code 20			\$12,500
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Galaxy Tab A7 (8.7inch)			
3-D Printer with accessories and printer pack	2.00	\$6,250.00	\$12,500

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
rofessional Salaries	15	\$198,117
Support Staff Salaries	16	
Purchased Services	40	\$27,769
Supplies and Materials	45	\$195,735
Travel Expenses	46	
Employee Benefits	80	\$116,981
Indirect Cost	90	
BOCES Services	49	\$30,000
Minor Remodeling	30	
Equipment	20	\$12,500
Grand Total		\$581,102

Agency Code: **641701060000**

Project #: **5884-21-3450**

Contract #: _____

Agency Name: **Whitehall Central School**

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).

2/16/22 _____
 Date Signature

 Name and Title of Chief Administrative Officer