

= Required Field

REVISED

Local Agency Information

Funding Source: ARP-ESSER

Report Prepared By: Sheryl Conley

Agency Name: Fayetteville-Manlius Central School District

Mailing Address: 8199 East Seneca Turnpike

Street

Manlius

NY

13104

City

State

Zip Code

Telephone # of Report Preparer: 315-692-1214

County: Onondaga

E-mail Address: sconley@fmschools.org

Project Funding Dates: 3/13/2020 9/30/2024
Start 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				\$386,131	
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary	Allowable Use	
Train teaching staff in Therapeutic Crisis Intervention (65 teachers @ 10 hours each)	650 Hours	\$35.24/ Hour	\$22,906	8	
Train Special Educ teaching assistants in Therapeutic Crisis Intervention (40 TA @ 10 hours each)	400 Hours	\$21/ Hour	\$8,400	8	
Required 20% Reserve: additional teacher for Math AIS	0.75	\$80,930	\$60,697	16	
Required 20% Reserve: additional teacher for Reading AIS	0.75	\$71,993	\$53,995	16	
Student & Family Counselor-liason between student's home and school	1.00	\$85,789	\$85,789	16	
Required 20% Reserve: extended day instructional assistance (3 elementary schools @ 5 hours/week for 30 weeks)	450.00	\$35.00/Hour	\$15,750	15	
Required 20% Reserve: Teacher - Coordinator Summer Reading/Literacy Program (3 FTE for 2 years)	6.00	\$3,500 Stipend	\$21,000	15	
Required 20% Reserve: Teacher - Summer Elementary Reading/Literacy Program (18 teachers for 2 years)	36.00	\$3,000 Stipend	\$108,000	15	
Teaching Assistant - Summer Reading Program (238.2 hours/year)	2 years	\$20.14/Hour	\$9,594	15	

SALARIES FOR SUPPORT STAFF				
Subtotal - Code 16			\$51,990	
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary	Allowable Use
Bus Driver (Transportation for Summer Sch Elem Literacy Program 17 Drivers@4 hrs/day, 3 days/week-6 weeks@contractual rate)	1224 Hours	\$37.7287/Hour	\$46,180	15
School Nurse-additional duties for COVID testing	581 tests	\$10/test	\$5,810	19

PURCHASED SERVICES			
Subtotal - Code 40			\$82,668
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Installation of UV air filtration systems on air handling units-provide conduit & wiring from nearest panel to feed UV lighting circuits (1 unit @ 2 buildings)	Upstate Companies LLC	2 Units @ \$1548.68	\$3,097
Installation of UV air filtration systems on air handling units-provide conduit & wiring from nearest panel to feed UV lighting circuits (4 units each @ 2 buildings)	Upstate Companies LLC	8 Units @ \$1548.68	\$12,389
Installation of UV air filtration systems on air handling units-tie UV lighting circuits to existing GFI outlet circuit (1 unit @ HS and 8 units @ Fay Elem)	Upstate Companies LLC	9 Units @ \$1548.68	\$13,938
Required 20% Reserve: Student level data to monitor student engagement and use of online tools & resources	CatchOn Inc.	4,075 students @ \$3.25/student	\$13,244
Mental health support/crisis consultation for students (2021/22 Annual Contract)	CNY Mental Health Counseling/Melissa Carman, Ph.D, LMHC	125 Hours @ \$160/Hour	\$20,000
Mental health support/crisis consultation for students (2022/23 Annual Contract)	CNY Mental Health Counseling/Melissa Carman, Ph.D, LMHC	125 Hours @ \$160/Hour	\$20,000

Allowable Use

18

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SUPPLIES AND MATERIALS					
Subtotal - Code 45				\$630,933	
Description of Item	Quantity	Unit Cost	Proposed Expenditure	Allowable Use	
MERV 13 air filters	800.00	\$50.00	\$40,000	18	
HEPA Replacement air filters	600.00	\$50.00	\$30,000	18	
UV air filtration systems	32.00	\$766.00	\$24,512	18	
Replacement bulbs for UV air filtration	64.00	\$362.00	\$23,168	18	
Bottle filling water fountains	20.00	\$2,000.00	\$40,000	7	
Interactive Smart Board MX275	56.00	\$3,449.00	\$193,144	13	
Interactive Smart Board MX255	7.00	\$2,274.00	\$15,918	13	
Chromebooks	290.00	\$345.00	\$100,050	13	
Network switches	30.00	\$4,000.00	\$120,000	13	
Specialized face masks for use with musical instruments	270.00	\$8.517	\$2,300	19	
Specialized face masks for use with musical instruments	195.00	\$7.75	\$1,511	19	
Specialized face masks for use with musical instruments	350.00	\$15.99	\$5,597	19	
Specialized face masks for use with musical instruments	18.00	\$19.99	\$360	19	
Specialized face masks for use with musical instruments	31.00	\$13.47	\$418	19	
Specialized face masks for use with musical instruments	75.00	\$14.04	\$1,053	19	
COVID Home Tesing Kits (Binax)	480.00	\$12.1833	\$5,848	19	
COVID Home Tesing Kits	840.00	\$28.5893	\$24,015	19	
Disposable masks for children (Boxes of 50 @ \$5.20)	300.00	\$5.20	\$1,560	19	
Disposable masks for adults (Boxes of 50 @ \$3.70)	400.00	\$3.70	\$1,480	19	

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$386,131
Support Staff Salaries	16	\$51,990
Purchased Services	40	\$82,668
Supplies and Materials	45	\$630,933
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$1,151,722

Agency Code: **421001060000**

Project #: **5880-21-2135**

Contract #: _____

Agency Name: **Fayetteville-Manlius CSD**

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).

1/26/2022 _____
Date Signature

Craig Tice Superintendent
Name and Title of Chief Administrative Officer

Finance: Logged _____ Approved _____ MIR _____