### 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	KENIZED
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	Local Agend	y Informati	on	
Funding Source:	ARP-ESSER			
Report Prepared By:	Sheryl Conley			
Agency Name:	Fayetteville-Manlius	Fayetteville-Manlius Central School District		
Mailing Address:				
	Street			
	Manlius	NY	13104	
ļ	City	State	Zip Code	1
Telephone # of Report Preparer: 315-692-	1214	County:	Onondaga	
E-mail Address: sconley@	fmschools.org			
Project Funding Dates:	3/13/2020 Start		9/30/2024 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 I	OR PROFESSI	ONAL STAFF		5 <b>1</b> U
		Subtotal - Code 15	\$386,131	
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary	Allowab Use
Train teaching staff in Therapeutic Crisis Intervention (65 teachers @ 10 hours each)	650 Hours	\$35.24/ Hour	\$22,906	
Train Special Educ teaching assistants in Therapeutic Crisis Intervention (40 TA @ 10 hours each)	400 Hours	\$21/ Hour	\$8,400	
Required 20% Reserve: additional teacher for Math AIS	0.75	\$80,930	\$60,697	
Required 20% Reserve: additional teacher for Reading AIS	0.75	\$71,993	\$53,995	
Student & Family Counselor-liason between student's home and school	1.00	\$85,789	\$85,789	
Required 20% Reserve: extended day instructional assistance (3 elementary schools @ 5 hours/week for 30 weeks)	450.00	\$35.00/Hour	\$15,750	
Required 20% Reserve: Teacher - Coordinator Summer Reading/Literacy Program (3 FTE for 2 years)	6.00	\$3,500 Stipend	\$21,000	
Required 20% Reserve: Teacher - Summer Elementary Reading/Literacy Program (18 teachers for 2 years)	36.00	\$3,000 Stipend	\$108,000	
Teaching Assistant - Summer Reading Program (238.2 hours/year)	2 years	\$20.14/Hour	\$9,594	1

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	j 19
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	PURCHASED SERVI	CES		
		Subtotal - Code 40	\$82,668	
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure	Allowable Use
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	18
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	18
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	18
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	16
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	14
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	14

SUPPLIES AND MATERIALS				
	8	Subtotal - Code 45	\$630,933	
Description of Item	Quantity	Unit Cost	Proposed Expenditure	
MERV 13 air filters	800.00	\$50.00	\$40,000	
HEPA Replacement air filters	600.00	\$50.00	\$30,000	
UV air filtration systems	32.00	\$766.00	\$24,512	
Replacement bulbs for UV air filtration	64.00	\$362.00	\$23,168	
Bottle filling water fountains	20.00	\$2,000.00	\$40,000	
Interactive Smart Board MX275	56.00	\$3,449.00	\$193,144	
nteractive Smart Board MX255	7.00	\$2,274.00	\$15,918	
Chromebooks	290.00	\$345.00	\$100,050	
Network switches	30.00	\$4,000.00	\$120,000	
Specialized face masks for use with musical instruments	270.00	\$8.517	\$2,300	
Specialized face masks for use with nusical instruments	195.00	\$7.75	\$1,511	
Specialized face masks for use with nusical instruments	350.00	\$15.99	\$5,597	
Specialized face masks for use with nusical instruments	18.00	\$19.99	\$360	
Specialized face masks for use with nusical instruments	31.00	\$13.47	\$418	
Specialized face masks for use with nusical instruments	75.00	\$14.04	\$1,053	
COVID Home Tesing Kits (Binax)	480.00	\$12.1833	\$5,848	
COVID Home Tesing Kits	840.00	\$28.5893	\$24,015	
Disposable masks for children (Boxes of 0 @ \$5.20)	300.00	\$5.20	\$1,560	
Disposable masks for adults (Boxes of 50 § \$3.70)	400.00	\$3.70	\$1,480	

#### **BUDGET SUMMARY**

SUBTOȚAL	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

## 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).

Date Signature

Craig Tice Superintendent

Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLY				
Funding Dates:	From	То		
Program Approval:	Da	ate:		
Fiscal Year	First Payment	Line #		
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<u> </u>		<del>-</del>		
Voucher #	F	irst Payment		

Finance:	Logged	Approved	MIR	
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