

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**

<b>Funding Source:</b>	ARP ESSER 1% State Reserve Summer		
<b>Report Prepared By:</b>	Daniel G. Henner		
<b>Agency Name:</b>	Liverpool Central school District		
<b>Mailing Address:</b>	195 Blackberry Road		
	Street		
	Liverpool	New York	13090
	City	State	Zip Code
<b>Telephone # of Report Preparer:</b>	315-622-7148	<b>County:</b>	Onondaga
<b>E-mail Address:</b>	dhenner@liverpool.k12.ny.us		
<b>Project Funding Dates:</b>	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			\$407,291
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
This money will fund instruction during the summer months and will address the needs of low-income, students with disabilities, ELLs, imgrants, Mckinney Vento, and students struggling academically. Expected increase in students attending Summer School, which will result in needing more sections/teachers (100%/75%/50%25%) High School		rate per session 3174.00 number of sessions 40	\$126,963
This money will fund instruction during the summer months and will address the needs of low-income, students with disabilities, ELLs, imgrants, Mckinney Vento, and students struggling academically. Staff determined by student enrollment, will work 5 weeks with 2 days/week @ 3 hours per day. Total of 30 hours for the summer ... X 4 quadrant sites = 120 hours each summer x the Tutoring Rate = \$5,000.		rate per hour 41.66 hours 406	\$16,928
This money will fund instruction during the summer months and will address the needs of low-income, students with disabilities, ELLs, imgrants, Mckinney Vento, and students struggling academically. Quadrant-Based Summer Enrichment Program. Staff (determined by student enrollment) will work 4 weeks with 3 days/week @ 3 hours per day. Total of 36 hours for the summer ... X 4 quadrant sites = 144 hours each summer x the Tutoring Rate		rate per hour 41.66 hours 2844	\$118,498
This money will fund instruction during the summer months and will address the needs of low-income, students with disabilities, ELLs, imgrants, Mckinney Vento, and students struggling academically. Expected increase in students attending Summer School, which will result in needing more sections/teachers (100%/75%/50%25%) Grades 6-8		rate per session 3150.00 number of sessions 46	\$144,902

Employee Benefits		
Subtotal - Code 80		\$73,904
Benefit		Proposed Expenditure
Social Security		\$31,159
Retirement	New York State Teachers	\$39,915
	New York State Employees	
	Other - Pension	
Health Insurance		
Worker's Compensation		\$2,830
Unemployment Insurance		
Other(Identify)		

**BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$407,291
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$73,904
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$481,195

Agency Code:

**421501060000**

Project #:

**5882-21-2150**

Contract #:

Agency Name:

**Liverpool Central School District****FOR DEPARTMENT USE ONLY**

Funding Dates:

From

To

Program Approval:

Date:

**CHIEF ADMINISTRATOR'S CERTIFICATION**

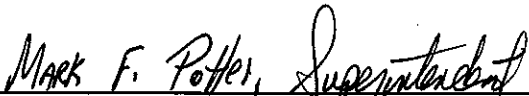
By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal (or State) award. I am aware that any 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).

12/15/21

Date



Signature



Name and Title of Chief Administrative Officer

**Fiscal Year****First Payment****Line #**

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Voucher #

First Payment