

= Required Field

Local Agency Information		
Funding Source:	ARP-ESSER 1% State-Level Reserve - Comprehensive After School	
Report Prepared By:	Jennifer Case	
Agency Name:	Dryden Central School District	
Mailing Address:	PO Box 88	
	Street	
	Dryden	NY 13073
	City	State Zip Code
Telephone # of Report Preparer:	607-844-5361 ext.2	County: Tompkins
E-mail Address:	jcase2@dryden.k12.ny.us	
Project Funding Dates:	3/13/2020 Start	9/30/2024 End

INSTRUCTIONS
<ul style="list-style-type: none"> 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			\$68,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
MS After School Tutoring Coordinator (2024)	1.00	\$10,000	\$10,000
HS After School Tutoring Coordinator (2024)	1.00	\$10,000	\$10,000
After School Tutoring Teachers (2024)	5.00	\$9,600	\$48,000

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$28,100
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Middle/High School After School Tutoring program student snacks (2024)	30 weeks	\$225 per week	\$6,750
paper	30	\$10.00	\$300
pens/pencils	20	\$5.00	\$100
Lego Spike	50	\$275.00	\$13,750
Lego Spike Prime	20	\$360.00	\$7,200

Employee Benefits		
Subtotal - Code 80		\$11,866
Benefit		Proposed Expenditure
Social Security		\$5,202
Retirement	New York State Teachers	\$6,664
	New York State Employees	
	Other - Pension	
Health Insurance		
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

INDIRECT COST		
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) **Manual Entry	\$107,966
B.	Approved Restricted Indirect Cost Rate	2.00%
C.	Subtotal - Code 90	\$2,159

For your information, maximum direct cost base = \$107,966.00

To calculate Modified Direct Cost Base, reduce maximum direct cost base by the portion of each subcontract exceeding \$25,000 and any flow through funds.

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$68,000
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	\$28,100
Travel Expenses	46	
Employee Benefits	80	\$11,866
Indirect Cost	90	\$2,159
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$110,125

Agency Code:

Project #:

Contract #:

Agency Name:

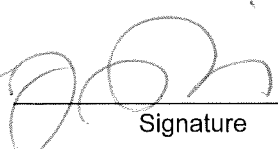
FOR DEPARTMENT USE ONLY

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).

2/24/22 

Date Signature

Joshua Bacigalupi, Superintendent
Name and Title of Chief Administrative Officer

<u>Fiscal Year</u>	<u>First Payment</u>	<u>Line #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Voucher #	First Payment	