

= Required Field

Local Agency Information			
Funding Source:	American Rescue Plan ESSER Fund		
Report Prepared By:	Tiffany Turner		
Agency Name:	Baldwinsville Central School District		
Mailing Address:	29 E. Oneida St		
	Street		
	Baldwinsville	NY	13027
	City	State	Zip Code
Telephone # of Report Preparer:	315-638-6060	County: Onondaga	
E-mail Address:	tturner@bville.org		
Project Funding Dates:	3/13/2020 Start	09/30/2024 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 SUPPORT STAFF

			Subtotal - Code 16
			\$64,780
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Custodial Worker (1 FTE for two years)	2.00	\$32,390	\$64,780
			\$0
			\$0

PURCHASED SERVICES

Subtotal - Code 40			\$850,000
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Social Emotional Support (Student Engagement Specialists - Onon. County)	Onondaga County	3 Years at \$250,000 per Year	\$750,000
Professional Development & Training for Learning Loss Instruction & SEL & Technology	Outside Contractor	2 Years at \$50,000 per Year	\$100,000

SUPPLIES AND MATERIALS

			Subtotal - Code 45	\$310,948
Description of Item	Quantity	Unit Cost	Proposed Expenditure	
Before/Afterschool Classroom Furniture (Adjustable height table) (5 elementary schools)	70.00	\$351.00	\$24,570	
Before/Afterschool Classroom Furniture (chairs) (5 elementary schools)	255.00	\$98.00	\$24,990	
Before/Afterschool Classroom Furniture (stools) (5 elementary schools)	155.00	\$160.00	\$24,800	
Before/Afterschool Classroom Furniture (flexible seating chair) (5 elementary schools)	65.00	\$362.00	\$23,530	
Before/Afterschool Classroom Furniture (flexible seating chair) (5 elementary schools)	119.00	\$370.00	\$44,030	
Before/Afterschool Classroom Furniture (flexible seating chair) (5 elementary schools)	75.00	\$320.00	\$24,000	
Before/Afterschool Classroom Furniture (sit and stand table) (5 elementary schools)	65.00	\$382.00	\$24,830	
Before/Afterschool Classroom Furniture (pneumatic adjustable desk) (5 elementary schools)	80.00	\$364.00	\$29,120	
Before/Afterschool Classroom Furniture (stackable chair) (5 elementary schools)	140.00	\$160.00	\$22,400	
Before/Afterschool Classroom Furniture (instructional material organizer) (5 elementary schools)	20.00	\$800.00	\$16,000	
Before/Afterschool Classroom Furniture (adjustable height table) (5 elementary schools)	20.00	\$443.00	\$8,860	
Before/Afterschool Classroom Furniture (stool) (5 elementary schools)	40.00	\$89.00	\$3,560	
Before/Afterschool Classroom Furniture (acrylic surface screen) (5 elementary schools)	20.00	\$2,000.00	\$40,000	
Before/Afterschool Classroom Instructional materials (8.5 x 11 paper)	7.00	\$36.86	\$258	

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$3,006,040
Support Staff Salaries	16	\$64,780
Purchased Services	40	\$850,000
Supplies and Materials	45	\$310,948
Travel Expenses	46	\$0
Employee Benefits	80	
Indirect Cost	90	\$0
BOCES Services	49	
Minor Remodeling	30	\$0
Equipment	20	
Grand Total		\$4,231,768

Agency Code:	420901060000
Project #:	5880-21-2130
Contract #:	
Agency Name:	Baldwinsville Central School District

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

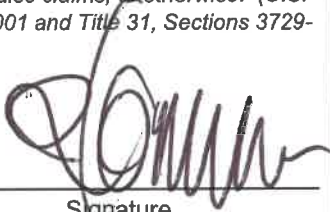
<u>Fiscal Year</u>	<u>First Payment</u>	<u>Line #</u>
_____	_____	_____
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Voucher # _____ First Payment _____

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).

1/25/2022



 Date Signature

Jason D. Thomson, Superintendent

Name and Title of Chief Administrative Officer

Finance: Logged _____ Approved _____ MIR _____

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