INSTRUCTIONS

- This budget tool contains 12 worksheets 1 for agency information, 1 for each of the 10 budget categories, and 1 for the budget summary. To go to the other worksheets, click on the tabs below.
- Complete all of the green-shaded fields on the Agency Information page and the Budget Summary pages. It is very important that the agency name, agency code and the project number, if available, are accurate.
- To enter budget information for a particular category, select that tab and enter the required data. Dollar amounts in the Project Salary/Proposed Expenditure columns of the worksheets will be automatically subtotaled on the worksheets, and the subtotals will be carried over to the Budget Summary worksheet. Dollar amounts will be rounded automatically to the closest whole number. The subtotals and the Budget Summary will automatically be recalculated if the dollar amounts are changed or new information is added.
- Large amounts of text in the description boxes may not be completely visible. To
 accommodate extra text, expand the row height by dragging the line below the row
 number until the row is at the appropriate height.
- On the indirect cost category worksheet, the Maximum Direct Cost Base listed below
 the chart is the total of codes 15, 16, 40, 45, 46 and 80. To compute the amount in row
 A. Modified Direct Cost Base, subtract the portion of each subcontract exceeding
 \$25,000 and any flow through funds from the Maximum Direct Cost Base. Enter the
 agency's indirect cost rate as a whole number plus one decimal (2.1%, for example).
- To save the completed budget, select File / Save As, rename the file, select the appropriate location on your computer, and click OK.
- To preview a completed budget, select File / Print and then click the Preview button.
- To print a completed budget, select File / Print and then click OK. Only completed budget pages will print.
- The Chief Administrator's Certification on the Budget Summary worksheet must be signed by the agency's Chief Administrative Officer or properly authorized designee.
- Submit a budget with original signature, copies of the signed budget as specified in the
 grant application instructions, and grant application materials to the State Education
 Department office listed in the grant application instructions. Do not submit budgets or
 grant applications to Grants Finance.
- For additional information about preparing budgets, please refer to Fiscal Guidelines for Federal and State Grants at http://www.oms.nysed.gov/cafe/guidance/.

The University of the State of New York THE STATE EDUCATION DEPARTMENT

PROPOSED BUDGET FOR A FEDERAL OR STATE PROJECT FS-10 (03/15)

Local Agency Information				
Funding Source	State UPK Allocation	State UPK Allocation		
Report Prepared By	/: Peter Frank			
Agency Name	Hallmark Central So	chool Distric	t	
Mailing Address	: 123 Gold Crown La			
		Street		
	Hallmark	NY		12345
	City	State	Z	Zip Code
Telephone # of Report Preparer: 123-45	6-7890 x002	County:	Riverdale	
E-mail Address: Peter.F	rank@HallmarkCSD.or	<u>g</u>		
Project Funding Dates	s: 7/1/2024 Start			0/2025 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 \$130,000			
Specific Position Title Full-Time Annualized Rate of Equivalent Pay			
Classroom Teacher #1	1.00	\$90,000	\$90,000
Project Coordinator	0.50	\$80,000	\$40,000

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Teacher Aide	1.00	\$25,000.00	\$25,000
Behavioral Specialist	0.20	\$25,000.00	\$5,000

PURCHASED SERVICES				
	Subtotal - Code 40			
Description of Item	Description of Item Provider of Services Calculation of Cost			
UPK Instructional Services	Little Friends Preschool	10 x \$5,700 per student	\$57,000	
PreK Assessment	Valid and Reliable Assessment	150 students x \$30 per assessment	\$4,500	
Environmental Observations	Child Care, Inc.	20 observations x \$200 per class	\$4,000	
Lunch and Snack	Yummy in my Tummy, LLC	150 students x 180 days x \$5 per day	\$135,000	

SUPPLIES AND MATERIALS			
	\$37,500		
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Digital Tablet	10.00	\$1,000.00	\$10,000
Curriculum/Theme Supplies	10 Classrooms	\$2,000.00	\$20,000
New Classroom Books	3 Bulk Packs	\$2,500.00	\$7,500

TRAVEL EXPENSES				
Subtotal - Code 46 \$36				
Position of Traveler	Destination and Purpose	Calculation of Cost	Proposed Expenditures	
UPK Coordinator	Classroom Vists	20 visits x \$.56 per mile x 10 miles	\$112	
Student Bussing (District Owned)	To/From School	200 students x \$10/day x 180 days	\$360,000	
UPK Day travel, 2 UPK representatives	Attend NYSED's UPK Day in Albany. Hotel and Travel	\$800 for hotel, \$325 gas and mileage	\$1,125	

	Employee Benefits	
	Subtotal - Code 8	30
	Benefit	
Social Security		
	New York State Teachers	
Retirement	New York State Employees	
	Other - Pension	
Health Insurance		
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

	INDIRECT COST	
	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	
B.	Approved Restricted Indirect Cost Rate	
C.	Subtotal - Code 90	

For your information, maximum direct cost base =

\$759,237.00

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.

PURCHASED SERVICES WITH BOCES			
	\$280,000		
Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
Instructional Coaching - 5 Teachers	ABC BOCES	100 hours x \$125 per hour	\$125,000
PreK Instructional Services	ABC BOCES	25 students full day instruction (5 hours per day) x \$6,200 per year	\$155,000

MINOR REMODELING			
	\$5,250		
Description of Work to be Performed	Calculation of Cost	Proposed Expenditure	
Installation of PreK-child sized toilets	10 toilets x \$225 per toilet	\$2,250	
Custodian Staff Salary for Installation	.05 FTE x \$60,000	\$3,000	

	EQUIPMENT		
		Subtotal - Code 20	\$25,500
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Playgrounds R' Us: Installation, Playground Pieces, Poured Base. (package includes 2 playground pieces and necessary inspections)	1 Package	\$25,500.00	\$25,500

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$130,000
Support Staff Salaries	16	\$30,000
Purchased Services	40	\$200,500
Supplies and Materials	45	\$37,500
Travel Expenses	46	\$361,237
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	\$280,000
Minor Remodeling	30	\$5,250
Equipment	20	\$25,500
Grand Total		\$1,069,987

Agency Code:	123456789100
Project #:	0409-25-9999
Contract #:	
Agency Name:	Hallmark Central School District

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		
Name and Title of Chief Administrative Officer			

FOR DEPARTMENT USE ONLY				
Funding Dates:	From	То		
Program Approval:	Date:			
<u>Fiscal Year</u>	First Payment	Line #		
		- <u> </u>		
Voucher #	First	Payment		

Page 14 of 14

Finance: Logged _____ Approved ____ MIR ____