

= Required Field

Local Agency Information		
Funding Source:	ARP-ESSER LEA Base 90%	
Report Prepared By:	Thomas Finnerty	
Agency Name:	Cazenovia Central School District	
Mailing Address:	31 Emory Avenue	
	Street	
	Cazenovia	NY 13035
	City	State Zip Code
Telephone # of Report Preparer:	(315) 655-5351	County: Madison
E-mail Address:	tfinnerty@caz.cnyric.org	
Project Funding Dates:	March 13, 2020 Start	September 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 FOR PROFESSIONAL STAFF			
Subtotal - Code 15			\$945,895
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Mental Health Coordinator (K-12, 23-24)	0.50	\$119,474	\$59,737
Intramural Coach (ES, 21-22)	4.00	\$1,600	\$6,400
Intramural Coach (ES, 22-23)	4.00	\$1,600	\$6,400
Intramural Coach (ES, 23-24)	4.00	\$1,600	\$6,400
Intramural Coach (MS, 21-22)	4.00	\$1,600	\$6,400
Intramural Coach (MS, 22-23)	4.00	\$1,600	\$6,400
Intramural Coach (MS, 23-24)	4.00	\$1,600	\$6,400
Training in Read./Writ./Lit. (21-22); Voyager Sopris	200.8 hours	\$42.50 per hour	\$8,534
Training in Read./Writ./Lit. (22-23); Voyager Sopris	200.8 hours	\$42.50 per hour	\$8,534
Training in Read./Writ./Lit. (23-24); Voyager Sopris	200.8 hours	\$42.50 per hour	\$8,534
Training in Soc/Emotional Learn. (21-22)	301.2 hours	\$42.50 per hour	\$12,801
Training in Soc/Emotional Learn. (22-23)	301.2 hours	\$42.50 per hour	\$12,801
Training in Soc/Emotional Learn. (23-24)	301.2 hours	\$42.50 per hour	\$12,801
Curriculum Mapping Training (21-22)	301.2 hours	\$42.50 per hour	\$12,801
Curriculum Mapping Training (22-23)	301.2 hours	\$42.50 per hour	\$12,801
Curriculum Mapping Training (23-24)	301.2 hours	\$42.50 per hour	\$12,801
**MS Social Worker (21-22) - part of 20% to address Lost Instructional Time	0.73	\$69,879	\$51,012
**MS Social Worker (22-23)- part of 20% to address Lost Instructional Time	1.00	\$72,500	\$72,500
**MS Social Worker (23-24)- part of 20% to address Lost Instructional Time	1.00	\$75,218	\$75,218
AIS ELA Teacher (ES) 21-22 FY	1.00	\$64,966	\$64,966
AIS ELA Teacher (ES) 22-23 FY	1.00	\$67,402	\$67,402
AIS Math Teacher (MS) 21-22 FY	1.00	\$66,034	\$66,034
AIS Math Teacher (MS) 22-23 FY	1.00	\$68,510	\$68,510
AIS ELA Teaching Asst (MS) 21-22 FY	1.00	\$28,552	\$28,552
AIS ELA Teaching Asst (MS) 22-23 FY	1.00	\$29,623	\$29,623
AIS Math Teaching Asst (ES) 21-22 FY	1.00	\$27,598	\$27,598
AIS Math Teaching Asst (ES) 22-23 FY	1.00	\$28,633	\$28,633
AIS ELA Teacher (MS) 21-22 FY	1.00	\$81,130	\$81,130
AIS ELA Teacher (MS) 22-23 FY	1.00	\$84,172	\$84,172

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$47,756
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Business Office Clerk (21-22)	0.50	\$30,824.00	\$15,412
Business Office Clerk (22-23)	0.50	\$31,826.00	\$15,913
Business Office Clerk (23-24)	0.50	\$32,862.00	\$16,431

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$945,895
Support Staff Salaries	16	\$47,756
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$993,651

Agency Code:

Project #:

Contract #:

Agency Name:

FOR DEPARTMENT USE ONLY


Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

<u>Fiscal Year</u>	<u>First Payment</u>	<u>Line #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	
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).



Date _____ Signature _____

Christopher DiFulvio, Superintendent
Name and Title of Chief Administrative Officer

Finance: Logged _____ Approved _____ MIR _____