

# 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/>.

= Required Field

| Local Agency Information               |  |                          |          |
|--|--|--------------------------|----------|
| <b>Funding Source:</b>                 | State UPK Allocation   |                          |          |
| <b>Report Prepared By:</b>             | Peter Frank  |                          |          |
| <b>Agency Name:</b>                    | Hallmark Central School District   |                          |          |
| <b>Mailing Address:</b>                | 123 Gold Crown Lane  |                          |          |
|  | Street   |                          |          |
|  | Hallmark   | NY                       | 12345    |
|  | City   | State                    | Zip Code |
| <b>Telephone # of Report Preparer:</b> | 123-456-7890 x002  | <b>County:</b> Riverdale |          |
| <b>E-mail Address:</b>                 | <a href="mailto:Peter.Frank@HallmarkCSD.org">Peter.Frank@HallmarkCSD.org</a> |                          |          |
| <b>Project Funding Dates:</b>          | 7/1/2022<br>Start  | 6/30/2023<br>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 Equivalent | Annualized Rate of Pay | Project Salary |
| Project Coordinator     | 1.00                 | \$90,000               | \$90,000       |
| Behavior Specialist     | 0.50                 | \$80,000               | \$40,000       |

## SALARIES FOR SUPPORT STAFF

| Subtotal - Code 16      |                      |                        | \$30,000       |
|-------------------------|----------------------|------------------------|----------------|
| 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         |                               |                                       | \$200,500            |
|----------------------------|-------------------------------|---------------------------------------|----------------------|
| Description of Item        | Provider of Services          | Calculation of Cost                   | Proposed Expenditure |
| 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

| Subtotal - Code 45        |               |            | \$37,500             |
|---------------------------|---------------|------------|----------------------|
| Description of Item       | Quantity      | Unit Cost  | Proposed Expenditure |
| Digital Tablets           | 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    | \$361,237 |
|--|-------------------------|--|-----------------------|-----------|
| 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             |           |
| Student and Adult Chaperone Field Trip | Zoo                     | 200 students + 25 staff/parents x \$5 per ticket | \$1,125               |           |
|  |                         |  |                       |           |





## 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) <b>**Manual Entry</b> |  |
| 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**

| Subtotal - Code 49                  |               |   | <b>\$280,000</b>     |
|-------------------------------------|---------------|---|----------------------|
| 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

| MINOR REMODELING                         |                               |                      |
|--|-------------------------------|----------------------|
| Subtotal - Code 30                       |                               | \$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

|                        |    |                    |
|------------------------|----|--------------------|
|                        |    |                    |
| 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           |
| <b>Grand Total</b>     |    | <b>\$1,069,987</b> |

|              |                                  |
|--------------|----------------------------------|
| Agency Code: | 123456789100                     |
| Project #:   | 0409-23-9999                     |
| Contract #:  |                                  |
| Agency Name: | Hallmark 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> |
|--------------------|----------------------|---------------|
| _____              | _____                | _____         |
| _____              | _____                | _____         |
| _____              | _____                | _____         |
| _____              | _____                | _____         |
| _____              | _____                | _____         |
| _____              | _____                | _____         |
| _____              | _____                | _____         |
| 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

**Name and Title of Chief Administrative Officer**