

= Required Field

Local Agency Information		
Funding Source:	ARP - ESSER LEA Base 90% Funds	
Report Prepared By:	Patricia Jones	
Agency Name:	Onondaga Central School District	
Mailing Address:	4466 South Onondaga Road	
	Street	
	Nedrow	New York
	13120	
	City	State
		Zip Code
Telephone # of Report Preparer:	(315) 552-5001	County: Onondaga
E-mail Address:	pjones@onondagacsd.org	
Project Funding Dates:	3/13/2020 Start	09/30/2024 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			\$728,931
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Psychologist 9/1/21-6/30/22	0.4910337	\$101,826	\$50,000
Psychologist 9/1/22-6/30/23	0.4767307	\$104,881	\$50,000
Psychologist 9/1/23-6/30/24	0.4628472	\$108,027	\$50,000
AIS Teacher - Rockwell 9/1/21-6/30/22	1.0000000	\$53,880	\$53,880
AIS Teacher - Rockwell 9/1/22-6/30/23	0.8296633	\$55,496	\$46,043
4th Grade Teacher 9/1/21-11/30/22	1.0000000	\$17,480	\$17,480
AIS Teacher - Wheeler 9/1/21-6/30/22	1.0000000	\$64,397	\$64,397
AIS Teacher - Wheeler 9/1/22-6/30/23	0.8296521	\$66,329	\$55,030
4th Grade Teacher 9/1/21-6/30/22	1.0000000	\$46,334	\$46,334
4th Grade Teacher 9/1/22-6/30/23	0.8296454	\$47,724	\$39,594
AIS Teacher - Jr/Sr High School 9/1/21-6/30/22	1.0000000	\$61,058	\$61,058
AIS Teacher - Jr/Sr High School 9/1/22-6/30/23	0.8296390	\$62,890	\$52,176
AIS Teacher - Rockwell 9/1/21-6/30/22	0.2111709	\$72,259	\$15,259
AIS Teacher - Rockwell 9/1/22-6/30/23	0.2015397	\$74,427	\$15,000
Rockwell Elementary Teachers- Pay for Summer Enrichment Activities	250 hours	\$40/hour	\$10,000
Wheeler Elementary Teachers- Pay for Summer Enrichment Activities	500 hours	\$40/hour	\$20,000
Jr/Sr High School Teachers- Pay for Summer Enrichment Activities	500 hours	\$40/hour	\$20,000
Rockwell Elementary Teachers -Pay for After School Enrichment Activities	225 hours	\$40/hour	\$9,000
Wheeler Elementary Teachers -Pay for After School Enrichment Activities	100 hours	\$40/hour	\$4,000
Jr/Sr High School Teachers -Pay for After School Enrichment Activities	50 hours	\$40/hour	\$2,000
28 Rockwell Elementary Teachers- Curriculum Development	325 hours	\$40/hour	\$13,000
28 Wheeler Elementary Teachers- Curriculum Development	325 hours	\$40/hour	\$13,000
41 Jr/Sr High School Teachers- Curriculum Development	542 hours	\$40/hour	\$21,680

Employee Benefits		
Subtotal - Code 80		\$238,280
Benefit		Proposed Expenditure
Social Security		\$60,000
Retirement	New York State Teachers	\$75,000
	New York State Employees	\$16,280
	Other - Pension	
Health Insurance		\$87,000
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$728,931
Support Staff Salaries	16	\$150,002
Purchased Services	40	\$117,000
Supplies and Materials	45	\$150,000
Travel Expenses	46	
Employee Benefits	80	\$238,280
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$1,384,213

Agency Code:	421201040000
Project #:	5880-21-2145
Contract #:	
Agency Name:	Onondaga Central School District

<u>FOR DEPARTMENT USE ONLY</u>		
Funding Dates:	_____	_____
	From	To
Program Approval:	_____ Date: _____	
Fiscal Year	First Payment	Line #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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).

12/29/2021 *Robin L. Price*
 Date Signature

Robin L Price, Superintendent of Schools
 Name and Title of Chief Administrative Officer

Finance: Logged _____ Approved _____ MIR _____