

**Local Agency Information**

Funding Source: ARP ESSER, 1% State Reserve, Summer Learning and Enrichment

Report Prepared By:	Erin Gilbo		
Agency Name:	Moriah Central School District		
Mailing Address:	39 Viking Lane		
		Street	
	Port Henry	NY	12974
	City	State	Zip Code

Telephone #: 518-546-3301 County: Essex

E-Mail Address: wllarrow@moriahk12.org

Project Operation Dates: 03 / 13 / 2020 09 / 30 / 2024  
 Start End

**INSTRUCTIONS**

- ❖ **Submit the original 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 the Grants Finance.**
- ❖ Enter whole dollar amounts only.
- ❖ Prior approval by means of an approved budget (FS-10) or budget amendment (FS-10-A) is required for:
  - Personnel positions, number and type
  - Equipment items having a unit value of \$5,000 or more, number and type
  - Minor remodeling
  - Any increase in a budget subtotal (professional salaries, purchased services, travel, etc.) by more than 10 percent or \$1,000, whichever is greater
  - Any increase in the total budget amount.
- ❖ Certification on page 8 must be signed by Chief Administrative Officer or properly authorized designee.
- ❖ High quality computer generated reproductions of this form may be used.
- ❖ For further information on budgeting, please refer to the Fiscal Guidelines for Federal and State Aided Grants which may be accessed at [www.oms.nysed.gov/cafe/](http://www.oms.nysed.gov/cafe/) or call Grants Finance at (518) 474-4815.

**SALARIES FOR PROFESSIONAL STAFF: Code 15**

Include only staff that are employees of the agency. Do not include consultants or per diem staff. Do not include central administrative staff that are considered to be indirect costs, e.g., business office staff. One full-time equivalent (FTE) equals one person working an entire week each week of the project. Express partial FTE's in decimals, e.g., a teacher working one day per week equals .2 FTE.

Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
<b><i>Elementary Summer School</i></b>			
<u>AU #15</u>			
Teachers (8)			
	2021-2022	Stipends	
	2022-2023	Stipends	\$8,227
	2023-2024	Stipends	\$24,681
Special Education Teachers (5)			
	2021-2022	Stipends	
	2022-2023	Stipends	\$5,066
	2023-2024	Stipends	\$15,198
Teacher Assistants (5)			
	2021-2022	Stipends	
	2022-2023	Stipends	\$2,240
	2023-2024	Stipends	\$6,722
Speech Therapist			
	2021-2022	Stipends	
	2022-2023	Stipends	\$2,414
	2023-2024	Stipends	\$7,243
Psychologist			
	2023-2024	Stipends	\$2,207
Occupational Therapist			
	2023-2024	Stipends	\$1,968
<b><i>High Summer School</i></b>			
<u>AU #15</u>			
Teachers (6)			
	2022-2023	Stipends	\$12,575
	2023-2024	Stipends	\$25,150
Special Educational Teachers (2)			
	2022-2023	Stipends	
	2023-2024	Stipends	\$4,078
			\$8,156
Subtotal -Code 15			\$91,325

**SALARIES FOR SUPPORT STAFF: Code 16**

Include salaries for teacher aides, secretarial and clerical assistance, and for personnel in pupil transportation and building operation and maintenance. Do not include central administrative staff that are considered to be indirect costs, e.g., account clerks.

Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
<u>AU #15</u> Bus Aides (2)			
2021-2022	Stipend	\$774	
2022-2023	Stipend	\$816	\$2,448
2023-2024	Stipend	\$858	
<u>AU #15</u> Bus Drivers (2)			
2021-2022	Stipend	\$1,800	
2022-2023	Stipend	\$1,800	\$5,400
2023-2024	Stipend	\$1,800	
<u>AU #19</u> Nurse – Contact Tracing			
2021-2022	Stipend	\$725	
2022-2023	Stipend	\$747	\$2,242
2023-2024	Stipend	\$770	
Subtotal - Code 16			\$10,090

**PURCHASED SERVICES: Code 40**

Include consultants (indicate per diem rate), rentals, tuition, and other contractual services. Copies of contracts may be requested by the State Education Department. Purchased Services from a BOCES, if other than applicant agency, should be budgeted under Purchased Services with BOCES, Code 49.

Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Subtotal Code 40			\$

**SUPPLIES AND MATERIALS: Code 45**

Beginning with the 2005-06 year include computer software, library books and equipment items under \$5,000 per unit.

For earlier years include computer software, library books and equipment items under 1,000 per unit.

Description of Item	Quantity	Unit Cost	Proposed Expenditure
Subtotal - Code 45			

**TRAVEL EXPENSES: Code 46**

Include pupil transportation, conference costs and travel of staff between instructional sites. Specify agency approved mileage rate for travel by personal car or school-owned vehicle.

Position of Traveler	Destination and Purpose	Calculation of Cost	Proposed Expenditures
<u>AU #15</u> Summer School Transportation	Summer school transportation from school to home to provide districts underserved students with safe and reliable transportation to attend evidence-based summer enrichment programming.	20 miles/day x 3 days x 5 weeks x \$3.00/mile x 3 years	\$2,700
Subtotal - Code 46			\$2,700

**EMPLOYEE BENEFITS: Code 80**

Rates used for project personnel must be the same as those used for other agency personnel.

Benefit		Proposed Expenditure
<b>Social Security</b>		\$7,758
<b>Retirement</b>	<b>New York State Teachers</b>	\$6,536
	<b>New York State Employees</b>	
	<b>Other</b>	
<b>Health Insurance</b>		
<b>Worker's Compensation</b>		
<b>Unemployment Insurance</b>		
<b>Other (Identify)</b>		
Subtotal – Code 80		\$14,294

**INDIRECT COST: Code 90**

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)

\$	(A)
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B. Approved Restricted Indirect Cost Rate

%	(B)
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C. (A) x (B) = Total Indirect Cost

Subtotal – Code 90

\$	(C)
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\*District Declines Indirect Costs

**PURCHASED SERVICES WITH BOCES: Code 49**

Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
Subtotal – Code 49			

**MINOR REMODELING: Code 30**

Allowable costs include salaries, associated employee benefits, purchased services, and supplies and materials related to alterations to existing sites.

Description of Work To be Performed	Calculation of Cost	Proposed Expenditure
Subtotal – Code 30		

**EQUIPMENT: Code 20**

Beginning with the 2005-06 year all equipment to be purchased in support of this project with a unit cost of \$5,000 or more should be itemized in this category. Equipment items under \$5,000 should be budgeted under Supplies and Materials, Code 45. Repairs of equipment should be budgeted under Purchased Services, Code 40.

For earlier years the threshold for reporting equipment purchases was \$1,000 or more. Equipment items under \$1,000 should be budgeted under Supplies and Materials.

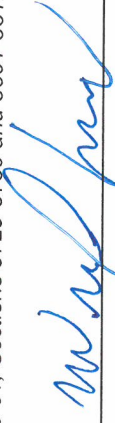
Description of Item	Quantity	Unit Cost	Proposed Expenditure
		Subtotal – Code 20	

# BUDGET SUMMARY

# 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).

1/4/22



Date

Signature

William Larrow, School Superintendent

Name and Title of Chief Administrative Officer

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$91,325
Support Staff Salaries	16	\$10,090
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	\$2,700
Employee Benefits	80	\$14,294
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$118,409

Agency Code:

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Project #:

(If pre-assigned)

29

5	8	8	2	2	1	0	8	8	0
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Contract #:

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Federal Employer ID #:

(New non-municipal agencies only)

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Agency Name: Moriah Central School District

FOR DEPARTMENT USE ONLY	
Funding Dates: _____ / _____ / _____	From _____ / _____ / _____ To _____
Program Approval: _____	Date: _____
<u>Fiscal Year</u>	<u>Amount Budgeted</u> <u>First Payment</u>