

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

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

☐ = Required Field

Local Agency Information		
Funding Source:	ARP-ESSER State Reserves: Learning Loss	
Report Prepared By:	Courtney Sayward	
Agency Name:	Galway Central School District	
Mailing Address:	5317 Sacandaga Road	
	Street	
	Galway	NY 12074
	City	State Zip Code
Telephone # of Report Preparer:	518-882-1033 x3226	County: Saratoga
E-mail Address:	csayward@galwaycsd.org	
Project Funding Dates:	3/13/20	9/30/24
	Start	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			\$370,327
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Special Education Teacher - Year 1	1.00	\$49,689	\$49,689
Special Education Teacher - Year 2	1.00	\$50,589	\$50,589
Special Education Teacher - Year 3	1.00	\$51,732	\$51,732
Kindergarten Teacher - Year 1	1.00	\$48,189	\$48,189
Kindergarten Teacher - Year 2	1.00	\$49,089	\$49,089
Kindergarten Teacher - Year 3	1.00	\$50,239	\$50,239
Summer Curriculum & Professional Learning (\$30/hr, 50 people, 10 hours each) - Year 1	50.00	\$300	\$15,000
Summer Curriculum & Professional Learning (\$30/hr, 50 people, 10 hours each) - Year 2	50.00	\$300	\$15,000
Summer Curriculum & Professional Learning (\$30/hr, 50 people, 10 hours each) - Year 3	50.00	\$300	\$15,000
Summer School/Tutoring - \$43/hr, 50 hours each - Year 1	4.00	\$2,150	\$8,600
Summer School/Tutoring - \$43/hr, 50 hours each - Year 2	4.00	\$2,150	\$8,600
Summer School/Tutoring - \$43/hr, 50 hours each - Year 3	4.00	\$2,150	\$8,600

Employee Benefits		
Subtotal - Code 80		\$129,669
Benefit		Proposed Expenditure
Social Security		\$22,915
Retirement	New York State Teachers	\$29,659
	New York State Employees	
	Other - Pension	
Health Insurance		\$77,095
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

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**BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$370,327
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$129,669
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$499,996

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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____

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).*

3/11/22   
Date Signature

Dr. Brita Donovan, Superintendent  
Name and Title of Chief Administrative Officer

Finance: Logged \_\_\_\_\_

Approved \_\_\_\_\_

MIR \_\_\_\_\_