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4/7/21

### Local Agency Information

Funding Source: ESSER Funding

Report Prepared By: Jacqueline McAllister

Agency Name: Galway Central School District

Mailing Address: 5317 Sacandaga Road

Street		
<u>Galway</u>	<u>New York</u>	<u>12074-0130</u>
City	State	Zip Code

Telephone #: 518-882-1033 x 3226 County: Saratoga

E-Mail Address: jmcallister@galwaycsd.org

Project Operation Dates: 03/13/2020 09/30/2022  
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
School Social Worker	.855	\$75,817	\$64,824
Subtotal - Code 15			\$94,824

**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
Subtotal - Code 16			

**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		
Mi-Fi Devices	3	\$200	\$3,400		
ChromeBooks	4	\$350	\$9,450		
PPE Masks and Gloves <i>(1 Pupil at Center for Disability Langan</i>	5 pupils	\$387.69	\$1,938		
<i>\$387.69</i>					
<i>1 Pupil at Oak Hill</i>					
<i>\$387.69</i>					
<i>3 Pupils at Northeast Parent and Child</i>					
<i>\$1163.07)</i>					
Subtotal - Code 45			\$14,788		

**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
Subtotal - Code 46			

**EMPLOYEE BENEFITS: Code 80**

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

Benefit		Proposed Expenditure
Social Security		\$3,889
Retirement	New York State Teachers	\$5,166
	New York State Employees	
	Other	
Health Insurance		
Worker's Compensation		
Unemployment Insurance		
Other (Identify)		
Subtotal - Code 80		\$9,055

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**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)
%	(B)
\$	(C)

B. Approved Restricted Indirect Cost Rate

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

Subtotal – Code 90

**PURCHASED SERVICES WITH BOCES: Code 49**

Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
Additional bandwidth	NERIC – Capital Region BOCES	77.12 MBPS @ \$97.00	\$7,481
Subtotal – Code 49			\$7,481

**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		

# BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$64,824
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	\$14,788
Travel Expenses	46	
Employee Benefits	80	\$9,055
Indirect Cost	90	
BOCES Services	49	\$7,481
Minor Remodeling	30	
Equipment	20	
Grand Total		\$96,148

Agency Code: 5 2 0 7 0 1 0 4 0 0 0 0

Project #: (If pre-assigned) 5 8 9 5 2 1 2 6 9 0

Contract #: \_\_\_\_\_

Federal Employer ID #: (New non-municipal agencies only) 1 4 6 0 0 3 8 8 2

Agency Name: Galway Central School District

**FOR DEPARTMENT USE ONLY**

Funding Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Program Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Fiscal Year	Amount Budgeted	First Payment

Finance: \_\_\_\_\_ Voucher # \_\_\_\_\_ First Payment \_\_\_\_\_

Log \_\_\_\_\_ Approved \_\_\_\_\_ MIR \_\_\_\_\_

**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: 4.1.21 Signature: [Signature]

Name and Title of Chief Administrative Officer: Bitia Danavan, Superintendent of Schools