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The University of the State of New York
THE STATE EDUCATION DEPARTMENT
(see instructions for mailing address)

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

Local Agency Information

Funding Source: ESSER 2 Funding

Report Prepared By:	Courtney Sayward		
Agency Name:	Galway Central School District		
Mailing Address:	5317 Sacandaga Road		
	Street		
	Galway	New York	12074-0130
	City	State	Zip Code

Telephone #: 518-882-1033 x 3224 County: Saratoga

E-Mail Address: csayward@galwaycsd.org

Project Operation Dates: 03/13/2020 09/30/2023
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/ 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
Subtotal - Code 15			

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
Design & labor costs for grades 3-6 wellness playarea	Miracle Recreation Equipment		\$15,000
	Adventure solutions		\$15,000
Subtotal - Code 40			\$30,000

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			

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
Outdoor playground equipment <i>Including:</i> <ul style="list-style-type: none"> • Swings • Zipline • Log roll • Wake rider • Reflex • Multi-pondo • Mulch This initial equipment is quoted from Miracle Recreation Equipment	1	50,000	\$50,000
Outdoor ropes course <i>Including:</i> <ul style="list-style-type: none"> • Balance Log • Burma Bucket • Sea of discs • Tunnel • Tight rope • Mulch This initial equipment is quoted from Adventure Solutions	1	45,000	\$45,000
Subtotal – Code 20			\$95,000

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$579,275
Support Staff Salaries	16	
Purchased Services	40	\$30,000
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	\$95,000
Grand Total		\$704,275

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: 9/29/2021 Signature: Brita Donovan

Brita Donovan, Superintendent of Schools
Name and Title of Chief Administrative Officer

Agency Code:

5	2	0	7	0	1	0	4	0	0	0	0
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Project #:

5	8	9	1	2	1	2	6	9	0
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Contract #:

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Federal Employer ID #:

1	4	6	0	0	3	8	8	2
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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

