

= Required Field

Local Agency Information			
Funding Source:	ARP-ESSER		
Report Prepared By:	Philene Hudson		
Agency Name:	Fort Plain Central School		
Mailing Address:	25 High Street		
	Street		
	Fort Plain	NY	13339
	City	State	Zip Code
Telephone # of Report Preparer:	518-993-4000 #1004	County: Montgomery	
E-mail Address:	philene.hudson@fortplain.org		
Project Funding Dates:	3/13/2020 Start	9/30/2024 End	

INSTRUCTIONS
<ul style="list-style-type: none"> 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			\$1,635,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Ed Tech Specialist	3.00	\$65,000	\$195,000
Reduced Classroom size-4th **	3.00	\$50,000	\$150,000
Reading Recovery Teacher **	3.00	\$50,000	\$150,000
APEX classroom TA addition **	3.00	\$35,000	\$105,000
Math Recovery Teacher **	3.00	\$50,000	\$150,000
AIS Support **	3.00	\$40,000	\$120,000
Distance Learning Assistant	3.00	\$30,000	\$90,000
Special Education additional support **	3.00	\$50,000	\$150,000
After School Program **	3.00	\$85,000	\$255,000
Summer Enrichment **	3.00	\$50,000	\$150,000
LPN (E Med)	3.00	\$40,000	\$120,000
The above marked with ** address learning loss			
The amount listed/estimated is \$1,230,000 or \$410,000 per year			
This exceeds the required 20% of \$847,018 and \$282,340 per year			

PURCHASED SERVICES			
Subtotal - Code 40			\$250,000
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Provide a medical option for students (K-725 enrolled) and parents who are unable to visit a doctor	"Tele-Med Health Services" district wide as needed for 800 students	1 *10,000 for 2 years	\$20,000
Professional Development for teaching staff and administrators	Various- CASDA/NYSAPHERD/SUNY OSWEGO/BER, etc.	100 teachers * \$200	\$20,000
Teacher Consultants	various-we plan to hire retired teachers as consultants and to assist with learning loss or	7 @ \$30,000	\$210,000

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$304,064
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Classroom Aide support	3.00	\$23,672.00	\$71,016
Classroom Aide support	3.00	\$23,672.00	\$71,016
Classroom Aide support	3.00	\$23,672.00	\$71,016
Classroom Aide support	3.00	\$23,672.00	\$71,016
Cleaner	1.00	\$20,000.00	\$20,000

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$113,695
Description of Item	Quantity	Unit Cost	Proposed Expenditure
PE Supplies* Century Linen-masks/nurse gowns, etc.	cost is approximately \$1,000 per month for 26 months of	\$35,000.00	\$35,000
Student Supplies* School Specialty and Cascade School Supplies	students serves is 200 8 150 each	\$30,000.00	\$30,000
Furniture for APEX-credit recovery- room-Global/Hummel's Office Plus (state contract)	6.00	\$212.00	\$1,272
Supplies for Life Skills Classroom-Central Resaurant Products-this includes consumable food items for curriculum, including an enhanced "business" option	1 quote-various products	\$3,081.00	\$3,081
Lobby/meeting Chairs-Global/Hummel's Office Plus	15.00	\$211.67	\$3,175
Computer Lab Tables-Global/Hummel's Office Plus	12.00	\$427.33	\$5,128
Cafeteria Tables-Facilities Equipment	8.00	\$838.44	\$6,707
Sports Uniforms-BSN Sports	30.00	\$145.47	\$4,364
SWD Furniture/Tables Global/Hummel's Office Plus	5.00	\$732.00	\$3,660
SWD Texts-School Specialty	6.00	\$304.17	\$1,825
Tech Mobile-Tequipment	2.00	\$2,939.50	\$5,879
Smart Cart B & H Photo	1.00	\$3,604.00	\$3,604
musical instruments-various trumpets, saxaphone, clarinet, flute, etc-Big Apple Music	20.00	\$500.00	\$10,000

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Employee Benefits			
		Subtotal - Code 80	\$1,433,428
Benefit		Proposed Expenditure	
Social Security		\$146,808	
Retirement	New York State Teachers	\$160,230	
	New York State Employees	\$42,325	
	Other - Pension		
Health Insurance		\$1,084,065	
Worker's Compensation			
Unemployment Insurance			
Other(Identify)			

PURCHASED SERVICES WITH BOCES				
			Subtotal - Code 49	\$25,776
Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure	
HALO cost of units and co-ser expense for Vape detectors in bathrooms, health and safety 10 units in all three floors of High	Capital Region BOCES	\$16,776.00	\$16,776	
Halo on year 2-cost of co-ser (admin and maintenance and replacement of units as needed)	Capital Region BOCES	\$4,500.00	\$4,500	
Halo on year 3- cost of co-ser	Capital Region BOCES	\$4,500.00	\$4,500	

EQUIPMENT			
Subtotal - Code 20			\$473,125
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Smart Boards for classrooms-Tequipment (Vendor)	75.00	\$5,535.00	\$415,125
Fitness Center Equipment -Advantage Sports and Equipment (vendor)	10.00	\$5,800.00	\$58,000

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$1,635,000
Support Staff Salaries	16	\$304,064
Purchased Services	40	\$250,000
Supplies and Materials	45	\$113,695
Travel Expenses	46	
Employee Benefits	80	\$1,433,428
Indirect Cost	90	
BOCES Services	49	\$25,776
Minor Remodeling	30	
Equipment	20	\$473,125
Grand Total		\$4,235,088

Agency Code: **270701040000**

Project #: **5880-21-1435**

Contract #: _____

Agency Name: **Fort Plain Central School**

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).

12/17/21 _____
Date Signature

Jeffery Ziegler, Interim Superintendent
Name and Title of Chief Administrative Officer