

INSTRUCTIONS

- This budget tool contains 12 worksheets – 1 for agency information, 1 for each of the 10 budget categories, and 1 for the budget summary. To go to the other worksheets, click on the tabs below.
- Complete all of the green-shaded fields on the Agency Information page and the Budget Summary pages. It is very important that the agency name, agency code and the project number, if available, are accurate.
- To enter budget information for a particular category, select that tab and enter the required data. Dollar amounts in the Project Salary/Proposed Expenditure columns of the worksheets will be automatically subtotaled on the worksheets, and the subtotals will be carried over to the Budget Summary worksheet. Dollar amounts will be rounded automatically to the closest whole number. The subtotals and the Budget Summary will automatically be recalculated if the dollar amounts are changed or new information is added.
- Large amounts of text in the description boxes may not be completely visible. To accommodate extra text, expand the row height by dragging the line below the row number until the row is at the appropriate height.
- On the indirect cost category worksheet, the Maximum Direct Cost Base listed below the chart is the total of codes 15, 16, 40, 45, 46 and 80. To compute the amount in row A. - Modified Direct Cost Base, subtract the portion of each subcontract exceeding \$25,000 and any flow through funds from the Maximum Direct Cost Base. Enter the agency's indirect cost rate as a whole number plus one decimal (2.1%, for example).
- To save the completed budget, select File / Save As, rename the file, select the appropriate location on your computer, and click OK.
- To preview a completed budget, select File / Print and then click the Preview button.
- To print a completed budget, select File / Print and then click OK. Only completed budget pages will print.
- The Chief Administrator's Certification on the Budget Summary worksheet must be signed by the agency's Chief Administrative Officer or properly authorized designee.
- Submit a budget with original signature, copies of the signed budget as specified in the grant application instructions, and grant application materials to the State Education Department office listed in the grant application instructions. Do not submit budgets or grant applications to Grants Finance.
- For additional information about preparing budgets, please refer to Fiscal Guidelines for Federal and State Grants at <http://www.oms.nysed.gov/cafe/guidance/>.

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	
Report Prepared By:	Chad Hunt - Business Administrator	
Agency Name:	Naples CSD	
Mailing Address:	136 North Main Street	
	Street	
	Naples	NY 14512
	City	State Zip Code
Telephone # of Report Preparer:	585-374-7902	County: Ontario
E-mail Address:	chunt@naplescscsd.org	
Project Funding Dates:	8/31/2021	8/31/2024
	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			\$1,311,253
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
AIS Math Elementary	9.00	\$45,000	\$405,000
ES Special Education Teachers	9.00	\$46,667	\$420,003
HS Rise Support Teacher	6.00	\$30,000	\$180,000
After School Tutoring - HS	3.00	\$20,083	\$60,250
After School Tutoring - ES	3.00	\$20,000	\$60,000
Full Day UPK Teacher	3.00	\$62,000	\$186,000

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$90,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Aide for full day UPK	3.00	\$20,000.00	\$60,000
Teaching Assistant for Respect, Integrity, Safety, and Excellence (RISE) program.	2.00	\$15,000.00	\$30,000

PURCHASED SERVICES			
Subtotal - Code 40			\$120,000
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Social Worker	Ontario County, Department of Mental Health	2 years at \$60,000 each year.	\$120,000

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$1,311,253
Support Staff Salaries	16	\$90,000
Purchased Services	40	\$120,000
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$1,521,253

Agency Code: **431201040000**Project #: **5880-21-2200**Contract #: Agency Name: **Naples Central School District****FOR DEPARTMENT USE ONLY**

Funding Dates: _____ From _____ To _____

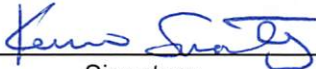
Program Approval: _____ Date: _____

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).

12/29/2021

Date



Signature

Kevin Swartz - Superintendent**Name and Title of Chief Administrative Officer****Fiscal Year****First Payment****Line #**

Voucher #

First Payment

Finance: Logged _____

Approved _____

MIR _____