

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:	Brian Devincenzi	
Agency Name:	Wallkill Central School District	
Mailing Address:	PO Box 310	
	Street	
	Wallkill	NY
	City	State
	12589	Zip Code
Telephone # of Report Preparer:	845-895-7102	County: Ulster
E-mail Address:	bdevincenzi@wallkillcsd.k12.ny.us	
Project Funding Dates:	3/13/2020	10/31/2024
	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			\$1,362,997
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Social Worker - 3 years	1.00	\$62,517	\$187,552
ENL Teacher - 3 years (benefits paid in this grant but the majority of the salary is paid from additional ARP grant)	1.00	\$2,035	\$6,104
Coordinator of Special Education - 3 years	1.00	\$108,000	\$324,000
Professional Development - over four years - multiple teachers paid at curriculum rate		\$54	\$385,341
9-12 Credit Recovery Program - each year	10.00		\$360,000
K-3 Summer Reading Program	6.00		\$100,000

PURCHASED SERVICES			
Subtotal - Code 40			\$773,518
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
After School Busing for grades 7-12	Orange County Transit		\$550,234
K-6 Summer School Transportation	Orange County Transit		\$164,870
Professional Development	Various Vendors		\$58,414

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$347,757
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Technology purchases - computers due to COVID - Dell	483.00	\$595.00	\$287,385
Hand Sanitizer	2000.00	\$8.21	\$16,420
Wipes	500.00	\$35.30	\$17,650
Hand Sanitizer Dispensers	125.00	\$50.00	\$6,250
Gloves	350.00	\$55.00	\$19,250
Technology purchases - computers due to COVID - Chromebook	2.00	\$802.00	\$802

Employee Benefits		
Subtotal - Code 80		\$415,056
Benefit		Proposed Expenditure
Social Security		\$53,483
Retirement	New York State Teachers	\$68,512
	New York State Employees	
	Other - Pension	
Health Insurance		\$293,061
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

PURCHASED SERVICES WITH BOCES			
Subtotal - Code 49			\$101,701
Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
Math Specialist	Ulster BOCES		\$101,701

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$1,362,997
Support Staff Salaries	16	
Purchased Services	40	\$773,518
Supplies and Materials	45	\$347,757
Travel Expenses	46	
Employee Benefits	80	\$415,056
Indirect Cost	90	
BOCES' Services	49	\$101,701
Minor Remodeling	30	
Equipment	20	
Grand Total		\$3,001,029

Agency Code: **621801060000**Project #: **5880-21-3435**

Contract #:

Agency Name: **Walkill 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).

11/1/21

Date



Signature



Name and Title of Chief Administrative Officer

Fiscal Year**First Payment****Line #**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Voucher #

First Payment

Finance: Logged _____

Approved _____

MIR _____