

= Required Field

Local Agency Information			
<b>Funding Source:</b>	ARP-ESSER 1% State-Level Reserve - Summ		
<b>Report Prepared By:</b>	Nancy L. Nowicki		
<b>Agency Name:</b>	Holland Patent Central School District		
<b>Mailing Address:</b>	9601 Main Street		
	Street		
	Holland Patent	NY	13354
	City	State	Zip Code
<b>Telephone # of Report Preparer:</b>	315-865-7200	<b>County:</b> Oneida	
<b>E-mail Address:</b>	<a href="mailto:nnowicki@hpschools.org">nnowicki@hpschools.org</a>		
<b>Project Funding Dates:</b>	3/13/2020 Start	9/30/2024 End	

INSTRUCTIONS
<ul style="list-style-type: none"> <li>● 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.</li>   <li>● The Chief Administrator's Certification on the Budget Summary worksheet must be signed by the agency's Chief Administrative Officer or properly authorized designee.</li>   <li>● 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.</li>   <li>● For information on budgeting refer to the Fiscal Guidelines for Federal and State Aided Grants at <a href="http://www.oms.nysed.gov/cafe/guidance/">http://www.oms.nysed.gov/cafe/guidance/</a>.</li> </ul>

## SALARIES FOR PROFESSIONAL STAFF

Subtotal - Code 15			\$145,120
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
8 Elementary Teachers	96 hours (4 days a week for 6 weeks - 4 hours per day)	\$4,330.56 (\$45.11 per hour - per HPTA contract)	\$34,644
4 Middle School Teachers	96 hours (4 days a week for 6 weeks - 4 hours per day)	\$4,330.56 (\$45.11 per hour - per HPTA contract)	\$17,323
6 High School Teachers	96 hours (4 days a week for 6 weeks - 4 hours per day)	\$4,330.56 (\$45.11 per hour - per HPTA contract)	\$25,983
1 Guidance Counselor	96 hours (4 days a week for 6 weeks - 4 hours per day)	\$4,330.56 (\$45.11 per hour - per HPTA contract)	\$4,331
1 Administrator	24 days	\$453 per diem rate	\$10,872
2 Music Teachers	96 hours (4 days a week for 6 weeks - 4 hours per day)	\$4,330.56 (\$45.11 per hour - per HPTA contract)	\$8,661
2 Art Teachers	96 hours (4 days a week for 6 weeks - 4 hours per day)	\$4,330.56 (\$45.11 per hour - per HPTA contract)	\$8,661
2 STEM Teachers	96 hours (4 days a week for 6 weeks - 4 hours per day)	\$4,330.56 (\$45.11 per hour - per HPTA contract)	\$8,661
6 Intramural Teachers	96 hours (4 days a week for 6 weeks - 4 hours per day)	\$4,330.56 (\$45.11 per hour - per HPTA contract)	\$25,984





INDIRECT COST		
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) <b>**Manual Entry</b>	
B.	Approved Restricted Indirect Cost Rate	
C.		Subtotal - Code 90

For your information, maximum direct cost base = \$153,579.00

To calculate Modified Direct Base, reduce maximum direct cost base by the portion of each subcontract exceeding \$25,000 and any flow through funds.

**BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$145,120
Support Staff Salaries	16	\$5,280
Purchased Services	40	
Supplies and Materials	45	\$3,179
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$153,579

Agency Code:	<b>412201060000</b>
Project #:	<b>5882-21-2055</b>
Contract #:	
Agency Name:	<b>Holland Patent Central School District</b>

<u>FOR DEPARTMENT USE ONLY</u>		
Funding Dates:	_____	_____
	From	To
Program Approval:	_____	Date: _____
<b><u>Fiscal Year</u></b>	<b><u>First Payment</u></b>	<b><u>Line #</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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).*

1/3/22   
 Date Signature

**Dr. Cheryl Venettozzi, Supt. Of Schools**  
 Name and Title of Chief Administrative Officer

Finance: Logged \_\_\_\_\_ Approved \_\_\_\_\_ MIR \_\_\_\_\_