

BUDGET NARRATIVE

LEA: FRANKLINVILLE CENTRAL SCHOOL	FOR TITLE: ARP ESSER STATE RESERVES 1% SUMMER PROGRAMMING ALLOCATION FUNDING
BEDSCODE: 041101040000	

**** MUST BE SUBMITTED WITH EACH BUDGET IN THE CONSOLIDATED APPLICATION**

If using Transferability, please indicate on the Budget Narrative and FS-10 the amount of funds to be included under transferability in the budget categories where funds will be used. Example: In the Title IIA budget under Code 15 – Transferability - Title I Reading Teacher – FTE.35 - \$15,000.

<i>CODE/ BUDGET CATEGORY</i>	<i>EXPLANATION OF EXPENDITURES IN THIS CATEGORY (as it relates to the program narrative for this title)</i>
<i>Code 15 Professional Salaries</i>	<i>Provide summer Program teachers in each summer of 2021, 2022, 2023 and 2024 to provide educational and enrichment activities to students in need. Up to 12 teachers for summer program for grades K-8 = \$135,380.00</i>
<i>Code 16 Support Staff Salaries</i>	<i>N/A</i>
<i>Code 40 Purchased Services</i>	<i>N/A</i>
<i>Code 45 Supplies and Materials</i>	<i>N/A</i>
<i>Code 46 Travel Expenses</i>	<i>N/A</i>

<i>CODE/ BUDGET CATEGORY</i>	<i>EXPLANATION OF EXPENDITURES IN THIS CATEGORY (as it relates to the program narrative for this title)</i>
<i>CODE/ BUDGET CATEGORY</i>	<i>EXPLANATION OF EXPENDITURES IN THIS CATEGORY (as it relates to the program narrative for this title)</i>
<i>Code 80 Employee Benefits</i>	<i>Employee Benefits associated with 150 salaries Social Security = \$10,356.00 NYS TRS = \$8,092.00</i>
<i>Code 90 Indirect Cost</i>	<i>N/A</i>
<i>Code 49 BOCES Services</i>	<i>N/A</i>
<i>Code 30 Minor Remodeling</i>	<i>N/A</i>
<i>Code 20 Equipment</i>	<i>N/A</i>

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 STATE RESERVES 1%		
Report Prepared By:	DONNA HOWARD		
Agency Name:	FRANKLINVILLE CENTRAL SCHOOL		
Mailing Address:	31 N. MAIN STREET		
	Street		
	FRANKLINVILLE	NY	14737
	City	State	Zip Code
Telephone # of Report Preparer:	716-676-8028	County:	CATTARAUGUS
E-mail Address:	dlhoward@tbafcs.org		
Project Funding Dates:	3/13/2020	9/30/2024	
	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			\$135,380
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Summer Program Teachers - (2021-2022)	12.00	\$3,213	\$38,556
Summer Program Teachers - (2021-2022)	11.00	\$3,220	\$35,420
Summer Program Teachers - (2021-2022)	10.00	\$3,228	\$32,280
Summer Program Teachers - (2021-2022)	9.00	\$3,236	\$29,124

Employee Benefits		
Subtotal - Code 80		\$18,448
Benefit		Proposed Expenditure
Social Security		\$10,356
Retirement	New York State Teachers	\$8,092
	New York State Employees	
	Other - Pension	
Health Insurance		
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$135,380
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$18,448
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$153,828

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).

12/30/21 
Date Signature

Donald Putnam, Superintendent

Name and Title of Chief Administrative Officer

Agency Code:	041101040000
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Project #: **5882-21-XXXX**

Contract #:

Agency Name:	Franklinville Central School
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FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

Fiscal Year

First Payment

Line #



Voucher #

First Payment

Finance: Logged _____

Approved _____

MIR _____