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 |
|------------|-------|
| = Required | Field |

| | Local Agenc | y Information | |
|---|--|---------------|-------------------|
| Funding Source: | IDEA ARP, Section 61 | 9 | |
| Report Prepared By: | e: Spencerport Central School District | | |
| Agency Name: | | | |
| Mailing Address: | | | |
| | Spencerport City | NY State | 14559 Zip Code |
| Telephone # of Report Preparer: 585-349-5141 County: Monroe E-mail Address: apascuzzi@spencerportschools.org | | | |
| | | | |

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 PROFESSION | ONAL STAFF | |
|-------------------------|-------------------------|------------------------|----------------|
| Subtotal - Code 15 | | | \$10,283 |
| Specific Position Title | Full-Time Equivalent | Annualized Rate of Pay | Project Salary |
| CPSE Chair (T. Wegman) | 1.00 | \$8,171 | \$8,171 |
| CPSE Parent Rep (TBD) | 1.00 | \$2,112 | \$2,112 |
| | | | |
| | | | |

| | PURCHASED SERVICES | | | | |
|----------|---------------------|---|---------------------|----------------------|--|
| | Subtotal - Code 40 | | | \$5,460 | |
| | Description of Item | Provider of Services | Calculation of Cost | Proposed Expenditure | |
| > | Flow Through Funds | Building Blocks | 3 students x \$140 | \$420 | |
| 1 | Flow Through Funds | ow Through Funds Bright Start 1 st | | \$420 | |
| \ | Flow Through Funds | Bright Start | 4 students x \$140 | \$560 | |
| 7 | Flow Through Funds | Children's Therapy Network | 1 student x \$140 | \$140 | |
| \ | Flow Through Funds | CP Rochester | 1 student x \$140 | \$140 | |
| ٧ | Flow Through Funds | Clinical Associates of the Finger Lakes | 2 students x \$420 | \$840 | |
| \ | Flow Through Funds | Clinical Associates of the Finger Lakes | 11 students x \$140 | \$1,540 | |
| 7 | Flow Through Funds | Liberty Resources | 2 students x \$140 | \$280 | |
| 7 | Flow Through Funds | Mary Cariola | 1 students x \$420 | \$420 | |
| ~ | Flow Through Funds | Rochester Hearing & Speech | 2 students x \$140 | \$280 | |
| > | Flow Through Funds | Rochester ChildFirst | 1 student x \$420 | \$420 | |

| | 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) **Manual Entry | \$7,962 |
| B. | Approved Restricted Indirect Cost Rate | 2.60% |
| C. | Subtotal - Code 90 | \$207 |

For your information, maximum direct cost base =

\$15,743.00

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

| PURCHASED SERVICES WITH BOCES | | | |
|-------------------------------|------------------------|---------------------|----------------------|
| | | Subtotal - Code 49 | \$4,200 |
| Description of Services | Name of BOCES | Calculation of Cost | Proposed Expenditure |
| Flow Through Funds | Monroe 2 Orleans BOCES | 10 students x \$420 | \$4,200 |

| CF121 | | GRA | NTS FINANCE | |
|------------------|---------|------------|--------------------|-------------------|
| ENTRY DATE 11/28 | 3/22 | | STATUS REPORT | RUN DATE 11/28/22 |
| | 20363 | | IDEA PART B SEC 61 | |
| SED CODE 261001 | 1060000 | | CERPORT CSD | |
| NYC DOC # | | | | |
| | | BUDGET DET | AIL INFORMATION | |
| PROF SALARY | 15 | 10,283.00 | BEGIN DATE | 07/01/21 |
| NON PROF SALARY | 16 | 0.00 | END DATE | 09/30/23 |
| PURCH SERVICES | 40 | 5,460.00 | AMENDMENT # | |
| SUPP & MATERIAL | 45 | 0.00 | CONTRACT # | |
| TRAVEL EXPENSE | 46 | 0.00 | STOP DATE | |
| EMP BENEFITS | 80 | 0.00 | REFUND CHECK # | |
| INDIRECT COST | 90 | 207.00 | IND COST RATE | 2.6 |
| BOCES SERVICES | 49 | 4,200.00 | INT ELIG | N |
| REMODELING | 30 | 0.00 | | |
| EQUIPMENT | 20 | 0.00 | | |
| | | | | |
| | | | MARY INFORMATION | |
| FUNDYEAR | BUDGET | | PAID TO DATE | OUTSTANDING ENC |
| 553322 | 20, | 150.00 | 4,030.00 | 16,120.00 |
| 553321 | | 0.00 | 0.00 | 0.00 |
| 553320 | | 0.00 | 0.00 | 0.00 |
| | | 0.00 | 0.00 | 0.00 |
| moma r | 0.0 | 0.00 | 0.00 | 0.00 |
| TOTAL | 20, | 150.00 | 4,030.00 | 16,120.00 |
| | | LOG AND C | ONTRACT DATES | |
| RECE | IVED | ENTERED | | APPROVED |
| BUDGET 11/18 | | 11/22/22 | CONTRACT | |
| INTERIM | , | ,, | | |
| FINAL | | | | |
| | | | | |

CASH DETAIL

ENTRY DOC # TRANS ENC RPT LINE AMOUNT FUNDYR MIR PD DT STAT 112822 588354F INIT 000 11/22 01 4,030.00 553322 111822 ENT

THIS BUDGET HAS BEEN PROCESSED BY THE NEW YORK STATE EDUCATION DEPARTMENT. THIS SUMMARY REPLACES THE SIGNED COPY.