

= Required Field

Local Agency Information		
Funding Source:	ARP-ESSER 5% State-Lev. Res. - Address Impact Loss Lea	
Report Prepared By:	Elena Rosado-Kozlowski	
Agency Name:	Poughkeepsie CSD	
Mailing Address:	18 S. Perry Street	
	Street	
	Poughkeepsie	NY 12601
	City	State Zip Code
Telephone # of Report Preparer:	845-451-4960	County: Dutchess
E-mail Address:	erosado@poughkeepsieschools.org	
Project Funding Dates:	3/13/2020 Start	9/24/2024 End

INSTRUCTIONS
<ul style="list-style-type: none"> ● 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			\$2,730,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
AIS TEACHER 1 (3 YEARS)	3.00	\$65,000.00	\$195,000.00
AIS TEACHER 2 (3 YEARS)	3.00	\$65,000.00	\$195,000.00
AIS TEACHER 3 (3 YEARS)	3.00	\$65,000.00	\$195,000.00
AIS TEACHER 4 (3 YEARS)	3.00	\$65,000.00	\$195,000.00
AIS TEACHER 5 (3 YEARS)	3.00	\$65,000.00	\$195,000.00
AIS TEACHER 6 (3 YEARS)	3.00	\$65,000.00	\$195,000.00
AIS TEACHER 7 (3 YEARS)	3.00	\$65,000.00	\$195,000.00
AIS TEACHER 8 (3 YEARS)	3.00	\$65,000.00	\$195,000.00
AIS TEACHER 9 (3 YEARS)	3.00	\$65,000.00	\$195,000.00
AIS TEACHER 10 (3 YEARS)	3.00	\$65,000.00	\$195,000.00
AIS TEACHER 11 (3 YEARS)	3.00	\$65,000.00	\$195,000.00
AIS TEACHER 12 (3 YEARS)	3.00	\$65,000.00	\$195,000.00
ENL TEACHER 1 (3 YEARS)	3.00	\$65,000.00	\$195,000.00
ENL TEACHER 2 (3 YEARS)	3.00	\$65,000.00	\$195,000.00

PURCHASED SERVICES			
Subtotal - Code 40			\$19,200
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
PROFESSIONAL DEVELOPMENT FOR WILSON READING SYSTEM CERTIFICATION	WILSON LANGUAGE TRAINING	16 Teachers x \$1200	\$19,200

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$72,900
Description of Item	Quantity	Unit Cost	Proposed Expenditure
AIS INTERVENTION WILSON FOUNDATIONS, TEACHER KITS GRADES K-3 (33 CLASSROOMS)	33.00	\$1,800.00	\$59,400
AIS INTERVENTION WILSON READING SYSTEMS, TEACHER KITS GRADES 4-12 STEPS 1-6 (15 TEACHERS) KITS + READERS	15.00	\$350.00	\$5,250
AIS INTERVENTION WILSON READING SYSTEMS, TEACHER KITS GRADES 4-12 STEPS 7-12 (15 TEACHERS) KITS + READERS	15.00	\$550.00	\$8,250

Employee Benefits		
Subtotal - Code 80		\$321,390
Benefit		Proposed Expenditure
Social Security		
Retirement	New York State Teachers	
	New York State Employees	
	Other - Pension	\$18,756
Health Insurance (Years 1-3)		\$287,835
Worker's Compensation		\$14,799
Unemployment Insurance		
Other(Identify)		

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$2,730,000
Support Staff Salaries	16	
Purchased Services	40	\$19,200
Supplies and Materials	45	\$72,900
Travel Expenses	46	
Employee Benefits	80	\$321,390
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$3,143,490

Agency Code:

Project #:

Contract #:

Agency Name:

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

<u>Fiscal Year</u>	<u>First Payment</u>	<u>Line #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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).

12/14/2021 William Hogan
 Date Signature

William Hogan, Chief Finance Officer
 Name and Title of Chief Administrative Officer

Finance: Logged _____

Approved _____

MIR _____