# The University of the State of New York THE STATE EDUCATION DEPARTMENT

## PROPOSED BUDGET FOR A FEDERAL OR STATE PROJECT FS-10 (03/15)

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C2002000000000000000000000000000000000			

-	Local Agency	Information	
Funding Source: §	IG Cohort 4 P. J. Schuyl	er Achlevement Academy	FM31
Report Prepared By:	Kimberly Young Wilkins, Ed.D (Eileen Leffler)		
Agency Name:	City School District of A	Albany	
Mailing Address:	1 Academy Park Street		
	Albany City	NY State :	12207 Zip Gode
Telephone # of Report Preparer: 518-475-6	080	County: Albany	
E-mail Address: eleffler@a	bany.k12.ny.us		
Project Funding Dates:	9/1/2016	8/3	0/2017
	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 PROFESSION	DNAL STAFF	
		Subtotal - Code 15	\$282,824
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Selary
School Improvement Manager	0.24	\$140,526	\$33,726
Behavior Intervention Specialist	1.00	\$59,599	\$59,599
Math Coach	0.81	\$96,246	\$77,959
Literacy Coach	0.54	\$100,285	\$54,154
Home School Coordinator	1.00	\$57,386	\$57,386

	PURCHASED SERVI	CES	
		Subtotal - Code 40	\$99,600
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Studio Classrooms-Coaching; Transformation Leadership	Center for Educational Leadership	\$45,000.00	\$45,000
Computer Assisted Resources	Reading A-Z	\$4/student (275 students)	\$1,100
Computer Assisted Resources	Study Island	\$5/student (300 students)	\$1,500
Computer Assisted Resources	Reading Eggs	Subscription cost for 100-200 students	\$2,000
Behavioral Supports	Parson's Child and Family Center	\$50,000.00	\$50,000

SUPPI	LIES AND MATE	ERIALS	
		Subtotal - Code 45	\$9,369
Description of Item	Quantity	2. Unit Cost	Proposed Expenditure
Educational Supplemental Resources	Varies	Varies	\$9,369

	Employee Benefits	
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	Benefit	Proposed Expenditure
Social Security		\$21,636
	New York State Teachers	\$33,147
Retirement	New York State Employees	
	Other - Pension	
Health Insurance		\$38,874
Worker's Compensation		\$4,242
Unemployment Insurance		\$2,263
Other(Identify)		

	INDIRECT COST	
	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	\$446,954
B.	Approved Restricted Indirect Cost Rate	1.80%
C.	Subtotal - Code 90	\$8,045

For your information, maximum direct cost base =

\$491,955.00

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.

#### **BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$282,824
Support Staff Salaries	16	
Purchased Services	40	\$99,600
Supplies and Materials	45	\$9,369
Travel Expenses	46	
Employee Benefits	80	\$100,162
Indirect Cost	90	\$8,045
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Gran	d Total	\$500,000

Agency Code:	010100010000
Project#:	0123-17-5110
Contract #:	
Agency Name:	Gity School District of Albany

## 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).

Date Signature

Kimberly Young Wilkins, Ed.D., Interim Supt.
Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLY			
Funding Dates:	From	То	
rogram Approval:Date:			
Fiscal Year	First Payment	<u>Line #</u>	
	A TABLE MANAGEMENT OF THE STATE		
Voucher#	Fir	st Payment	