

= Required Field

<b>Local Agency Information</b>			
<b>Funding Source:</b>	ARP-ESSER SEA RESERVE FUNDS		
<b>Report Prepared By:</b>	Timothy Holmes		
<b>Agency Name:</b>	Warwick Valley Central School District		
<b>Mailing Address:</b>	225 West Street		
	Street		
	Warwick	New York	10990
	City	State	Zip Code
<b>Telephone # of Report Preparer:</b>	845 987-3000 X10521	<b>County:</b>	Orange
<b>E-mail Address:</b>	tholmes@wvcsd.org		
<b>Project Funding Dates:</b>	March 13, 2020	September 30, 2024	
	Start	End	

<b>INSTRUCTIONS</b>
<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			\$269,755
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
2021-22 Summer School(Teachers)	56.00	\$ 3,431.23	\$ 192,149.00
2021-22 Summer School(Guidance)	3.00	\$ 2,505.00	\$ 7,515.00
2021-22 Summer School(Administration)	5.00	\$ 2,520.00	\$ 12,600.00
2021-22 Summer School(Special Education)	9.00	\$ 5,106.44	\$ 45,958.00
2021-22 After School Help	1.00	\$3,459	\$ 3,459.00
2021-22 Sunrise Scholars	2.00	\$4,037	\$ 8,074.00

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$47,685
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
2021-22 Summer School(Teacher Aids)	5.00	\$ 1,288.75	\$ 6,348.00
2021-22 Summer School (Instructional Aids)	15.00	\$ 1,295.20	\$ 19,428.00
2021-22 Summer School (Nurses)	6.00	\$ 1,361.56	\$ 8,169.00
2021-22 Summer School (Clerical)	3.00	\$ 810.66	\$ 2,432.00
2021-22 Summer School (Monitors)	4.00	\$ 1,041.00	\$ 4,164.00
2021-22 Summer School (Security)	6.00	\$ 1,190.66	\$ 7,144.00

PURCHASED SERVICES			
Subtotal - Code 40			\$1,493,737
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Unit Ventilators	Jack Eisenbach	20 X \$35,960	\$719,200
Unit Ventilators (Wrestling Room)	Jack Eisenbach	2 X \$34,000	\$68,000
Unit Ventilators (Tech Lab)	Jack Eisenbach	2 X \$42,000	\$84,000
Unit Ventilators HS Locker rooms	Jack Eisenbach	2 X \$28,589	\$57,178
Main Lobby HVAC	Jack Eisenbach	2 X \$226,143.50	\$452,287
Unit Ventilators(MS Locker rooms)	Jack Eisenbach	4 X \$28,268	\$113,072

Employee Benefits		
Subtotal - Code 80		\$58,574
Benefit		Proposed Expenditure
Social Security		\$24,284
Retirement	New York State Teachers	\$26,850
	New York State Employees	\$7,440
	Other - Pension	
Health Insurance		
Worker's Compensation		
Unemployment Insurance		
<b>Other(Identify)</b>		

**BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$269,755
Support Staff Salaries	16	\$47,685
Purchased Services	40	\$1,493,737
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$58,574
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$1,869,751

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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
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).*

11 / 18 / 21     David Leach  
Date    Signature

David Leach, Superintendent  
Name and Title of Chief Administrative Officer

**Finance:** Logged \_\_\_\_\_

Approved \_\_\_\_\_

MIR \_\_\_\_\_