

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: | ARPA 5% State Reserve Allocation | | |
| Report Prepared By: | Kathryn Heath | | |
| Agency Name: | Lansing Central School District | | |
| Mailing Address: | 284 Ridge Rd | | |
| | Street | | |
| | Lansing | NY | 14882 |
| | City | State | Zip Code |
| Telephone # of Report Preparer: | 607-533-3020 x4002 | County: Tompkins | |
| E-mail Address: | kheath@lcsd.k12.ny.us | | |
| Project Funding Dates: | 3/13/2020 | 9/30/2024 | |
| | Start | 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 | | | \$375,000 |
|--------------------------------|----------------------|------------------------|------------------|
| Specific Position Title | Full-Time Equivalent | Annualized Rate of Pay | Project Salary |
| Kindergarten Teacher - 2 years | 1.00 | \$125,000 | \$125,000 |
| 1st Grade Teacher - 2 years | 1.00 | \$125,000 | \$125,000 |
| 2nd Grade Teacher - 2 years | 1.00 | \$125,000 | \$125,000 |

| PURCHASED SERVICES | | | |
|---|---------------------------|---------------------|----------------------|
| Subtotal - Code 40 | | | \$20,588 |
| Description of Item | Provider of Services | Calculation of Cost | Proposed Expenditure |
| Heggerty Phonemic Awareness Professional Development Training for all K-2 training (cost per building for 1 building) | Literary Resources LLC | 750 per building | \$750 |
| | | | |
| Superkids professional development webinars | Bound to Stay Bound Books | \$1000 per webinar | \$2,000 |
| STAR 360 - 1 time set up fee per district | Renaissance Learning | \$1,600.00 | \$1,600 |
| Star 360 - District data integration service | Renaissance Learning | \$5,000.00 | \$5,000 |
| Star 360 - MS subscription for 217 students | Renaissance Learning | \$14.60 | \$3,168 |
| Star 360 - ES Renaissance Platform (per building) | Renaissance Learning | \$750.00 | \$750 |
| Star 360 - ES subscription for 450 students | Renaissance Learning | \$14.60 | \$6,570 |
| Star 360 - MS Renaissance Platform (per building) | Renaissance Learning | \$750.00 | \$750 |

| SUPPLIES AND MATERIALS | | | |
|--|----------------|-------------|----------------------|
| Subtotal - Code 45 | | | \$104,408 |
| Description of Item | Quantity | Unit Cost | Proposed Expenditure |
| Kindergarten through 4th Grade Fly Five SEL Curriculum with Professional Development (per classroom) | 8 classrooms | \$1,056.25 | \$8,450 |
| Heggerty Phonemic Awareness Curriculum Kingergarten (per classroom for 6 classrooms) | 6 classrooms | \$79.99 | \$480 |
| Heggerty Phonemic Awareness Curriculum Primary per classroom for 13 classrooms) | 13 classrooms | \$79.99 | \$1,040 |
| Superkids Reading Program K - 2 | 3 grade levels | \$31,479.33 | \$94,438 |

BUDGET SUMMARY

| SUBTOTAL | CODE | PROJECT COSTS |
|------------------------|------|---------------|
| Professional Salaries | 15 | \$375,000 |
| Support Staff Salaries | 16 | |
| Purchased Services | 40 | \$20,588 |
| Supplies and Materials | 45 | \$104,408 |
| Travel Expenses | 46 | |
| Employee Benefits | 80 | |
| Indirect Cost | 90 | |
| BOCES Services | 49 | |
| Minor Remodeling | 30 | |
| Equipment | 20 | |
| Grand Total | | \$499,996 |

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).

3/7/22 

Date Signature

Chris Pellograsso Superintendent
Name and Title of Chief Administrative Officer

