

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:	SIG Cohort 4 P. J. Schuyler Achievement Academy	FM 31	
Report Prepared By:	Kimberly Young Wilkins, Ed.D (Eileen Leffler)		
Agency Name:	City School District of Albany		
Mailing Address:	1 Academy Park		
	Street		
	Albany	NY	12207
	City	State	Zip Code
Telephone # of Report Preparer:	518-475-6080	County: Albany	
E-mail Address:	eleffler@albany.k12.ny.us		
Project Funding Dates:	9/1/2016 Start	8/30/2017 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 PROFESSIONAL STAFF

			Subtotal - Code 15	\$282,824
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary	
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 SERVICES			
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

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$9,369
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Educational Supplemental Resources	Varies	Varies	\$9,369

Employee Benefits		
Subtotal - Code 80		\$100,162
Benefit		Proposed Expenditure
Social Security		\$21,636
Retirement	New York State Teachers	\$33,147
	New York State Employees	
	Other - Pension	
Health Insurance		\$38,874
Worker's Compensation		\$4,242
Unemployment Insurance		\$2,263
Other (Identify)		

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	\$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	
Grand Total		\$500,000

Agency Code: **010100010000**

Project #: **0123-17-5110**

Contract #:

Agency Name: **City School District of Albany**

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).

5/13/16 _____
 Date Signature

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