

= Required Field

Local Agency Information		
Funding Source:	CRRSA ESSER 2	
Report Prepared By:	Rachel Ingalsbe, Business Manager	
Agency Name:	Waterford-Halfmoon Union Free School District	
Mailing Address:	125 Middletown Road	
	Street	
	Waterford	NY 12188
	City	State Zip Code
Telephone # of Report Preparer:	518-237-0800	County: Saratoga
E-mail Address:	ringalsbe@whufsd.org	
Project Funding Dates:	3/13/2020 Start	9/30/2023 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			\$86,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Teacher, 7-12, business	1.00	\$88,163	\$86,000

SALARIES FOR SUPPORT STAFF

Subtotal - Code 16			\$112,670
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Teacher's Aid (Kindergarten)	1.00	\$15,462.00	\$15,462
Teacher's Aid (Kindergarten)	1.00	\$15,462.00	\$15,462
Teacher's Aid (1st Grade)	1.00	\$15,462.00	\$15,462
Teacher's Aid (1st Grade)	1.00	\$15,462.00	\$15,462
Teacher's Aid (1st Grade)	1.00	\$15,462.00	\$15,462
Substitute Custodian	0.25	\$35,360.00	\$8,840
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SUPPLIES AND MATERIALS

			Subtotal - Code 45	\$134,705
Description of Item	Quantity	Unit Cost	Proposed Expenditure	
Athletic Supplies: replace failing scorers table	1.00	\$3,800.00	\$3,800	
Purchase various STEM Supplies & Materials			\$10,000	
Purchase supplies, materials & furniture for universal prekindergarten			\$5,000	
Sanitizing equipment (misting machines)	4.00	\$500.00	\$2,000	
Cafeteria equipment	1.00	\$1,800.00	\$1,800	
Chromebooks for students	120.00	\$250.00	\$30,000	
Faculty laptops	90.00	\$800.00	\$72,000	
Furniture for new faculty	~10	~1,000	\$10,105	

Employee Benefits

Subtotal - Code 80		\$78,012
Benefit		Proposed Expenditure
Social Security		\$8,620
Retirement	New York State Teachers	
	New York State Employees	\$11,267
	Other - Pension	
Health Insurance		\$58,125
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

MINOR REMODELING

Subtotal - Code 30		\$133,250
Description of Work to be Performed	Calculation of Cost	Proposed Expenditure
Milling and repaving and paving areas of the parking lot and district driveways.	\$2.25/sqft x appxt 25000sqft \$1.85/sqft x appxt 20000sqft	\$93,250
Remove damaged carpets from kindergarten and 1st grade rooms and replace with vinyl tile	state contract price per sqft + installation, removal & disposal of old materials	\$40,000

EQUIPMENT

			Subtotal - Code 20	\$78,500
Description of Item	Quantity	Unit Cost	Proposed Expenditure	
Facilities equipment (tractor for snowblowing, mowing, etc.)	1.00	\$78,500.00	\$78,500	

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BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$86,000
Support Staff Salaries	16	\$112,670
Purchased Services	40	
Supplies and Materials	45	\$134,705
Travel Expenses	46	
Employee Benefits	80	\$78,012
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	\$133,250
Equipment	20	\$78,500
Grand Total		\$623,137

Agency Code: **522101030000**

Project #: **5891-21-2725**

Contract #: _____

Agency Name: **Waterford-Halfmoon Union Free School District**

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).

6/30/21 
 Date Signature

PATRICK POMERILLE SUPT OF SCHOOLS
 Name and Title of Chief Administrative Officer