

= Required Field

<b>Local Agency Information</b>			
<b>Funding Source:</b>	<span style="border: 1px solid black; padding: 2px;">American Resuce Plan Act</span>	<span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	
<b>Report Prepared By:</b>	<span style="border: 1px solid black; padding: 2px;">Rachel Ingalsbe</span>		
<b>Agency Name:</b>	<span style="border: 1px solid black; padding: 2px;">Waterford-Halfmoon Union Free School District</span>		
<b>Mailing Address:</b>	<span style="border: 1px solid black; padding: 2px;">125 Middletown Road</span>		
	<span style="border: 1px solid black; padding: 2px;">Street</span>		
	<span style="border: 1px solid black; padding: 2px;">Waterford</span>	<span style="border: 1px solid black; padding: 2px;">NY</span>	<span style="border: 1px solid black; padding: 2px;">12188</span>
	<span style="border: 1px solid black; padding: 2px;">City</span>	<span style="border: 1px solid black; padding: 2px;">State</span>	<span style="border: 1px solid black; padding: 2px;">Zip Code</span>
<b>Telephone # of Report Preparer:</b>	<span style="border: 1px solid black; padding: 2px;">518-237-0800 x 3305</span>	<b>County:</b>	<span style="border: 1px solid black; padding: 2px;">Saratoga</span>
<b>E-mail Address:</b>	<span style="border: 1px solid black; padding: 2px;"><a href="mailto:ringalsbe@whufsd.org">ringalsbe@whufsd.org</a></span>		
<b>Project Funding Dates:</b> _____			
	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 PROFESSIONAL STAFF			
Subtotal - Code 15			\$698,935
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Social Worker (3 years of partial salary, 2021-22 through 2023-24)	1.00	\$67,375.00	\$207,031
Academic Intervention Services <u>Reading</u> Teacher for grades 7-12 (3 years of salary, 2021-22 through 2023-23)	1.00	\$55,000.00	\$165,000
Academic Intervention Services <u>Math</u> Teacher for grades 7-12 (3 years of salary, 2021-22 through 2023-23)	1.00	\$55,000.00	\$165,000
Teacher pay for Elementary School Extended Day Program (before and after school instruction for struggling students for 3 years)	0.20	\$44,280.00	\$26,568
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Educational Technologist Stipend (for 3 years)	0.20	\$42,000.00	\$25,200
Teaching Assistant for support in academic intervention services for grades 7-12 for 3 years	1.00	\$19,000.00	\$57,000

PURCHASED SERVICES			
Subtotal - Code 40			\$23,932
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Maintenance contract for District HVAC system	Johnson Controls	Annual contract cost is \$32,900	\$23,932

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$18,000
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Athletic Department Equipment	1.00	\$1,600.00	\$1,600
1:1 Chromebooks for classroom carts for grades K-2	60.00	\$250.00	\$15,000
Facilities department cleaning equipment	1.00	\$1,400.00	\$1,400

Employee Benefits			
		Subtotal - Code 80	\$241,976
Benefit		Proposed Expenditure	
Social Security		\$37,631	
<b>Retirement</b>	New York State Teachers	\$41,220	
	New York State Employees		
	Other - Pension		
Health Insurance		\$163,125	
Worker's Compensation			
Unemployment Insurance			
Other(Identify)			



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

Approved \_\_\_\_\_

MIR \_\_\_\_\_