

BUDGET NARRATIVE

LEA: Liberty Central School District	FOR TITLE: ARP ESSER State Reserves – 1% Summer Learning and Enrichment
BEDSCODE: 590901060000	

CODE/ BUDGET CATEGORY	EXPLANATION OF EXPENDITURES IN THIS CATEGORY (as it relates to the program narrative for this title)
Code 15 <i>Professional Salaries</i> \$539,400	The district will compensate the following position hourly to directly serve students as classroom teachers in the summer enrichment program: Teacher hours, K-12, summer enrichment program (87 teachers x \$50/hour x 4 hours/day x 31 days = \$539,400)
Code 16 <i>Support Staff Salaries</i>	No expenses.
Code 40 <i>Purchased Services</i>	No expenses.
Code 45 <i>Supplies and Materials</i> \$4,562	The district will purchase Chromebooks and chargers for use by students in the summer enrichment program. (15 Chromebooks and charger units x \$304.14 = \$4,562)
Code 46 <i>Travel Expenses</i>	No expenses.

CODE/ BUDGET CATEGORY	EXPLANATION OF EXPENDITURES IN THIS CATEGORY (as it relates to the program narrative for this title)

Code 80 <i>Employee Benefits</i> \$100,598	Social Security calculated at 7.65% of total professional salaries \$539,400 = \$41,264; New York State Teachers' Retirement System calculated at 11% of total professional salaries \$539,400 = \$59,334
Code 90 <i>Indirect Cost</i>	No expenses.
Code 49 <i>BOCES Services</i>	No expenses.
Code 30 <i>Minor Remodeling</i>	No expenses.
Code 20 <i>Equipment</i>	No expenses.

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:	ARP ESSER State Summer Learning & Enrichm	
Report Prepared By:	Dr Patrick Sullivan, Superintendent	
Agency Name:	Liberty Central School District	
Mailing Address:	115 Buckley Street	
	Street	
	Liberty	NY 12754
	City	State Zip Code
Telephone # of Report Preparer:	845-292-6990	County: Sullivan
E-mail Address:	psullivan@liberty.k12.org	
Project Funding Dates:	3/13/2020	9/30/2024
	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			\$539,400
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Summer Enrichment Program Teacher hours - K-12	\$50/hour	87 teachers x 4 hours/day x 31 days	\$539,400

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$4,562
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Chromebooks with chargers for use by students in summer enrichment programming	15.00	\$304.14	\$4,562

Employee Benefits			
		Subtotal - Code 80	\$100,598
Benefit		Proposed Expenditure	
Social Security - \$539,400 x 7.65%		\$41,264	
Retirement	New York State Teachers' - \$539,400 x 11%	\$59,334	
	New York State Employees		
	Other - Pension		
Health Insurance			
Worker's Compensation			
Unemployment Insurance			
Other(Identify)			

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$539,400
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	\$4,562
Travel Expenses	46	
Employee Benefits	80	\$100,598
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$644,560

Agency Code: **590901060000**

Project #: **5882-21-3300**

Contract #: _____

Agency Name: **Liberty Central School District**


FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

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).

1/31/2021 

Date Signature

Dr. Patrick Sullivan, Superintendent
Name and Title of Chief Administrative Officer

<u>Fiscal Year</u>	<u>First Payment</u>	<u>Line #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Voucher #	First Payment	

Finance: Logged _____

Approved _____

MIR _____