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 Agenc	y Information	
Funding Source:	American Rescue Plar	ı - ESSER	
Report Prepared By:	Mr. Kelly E. Seibert		
Agency Name:	Byram Hills Central S	School District	
Mailing Address:	10 Tripp Lane		
		Street	
	Armonk	NY	10504
3	City	State	Zip Code
elephone # of port Preparer: (914) 273	3-4198 ext 5931	County: We	stchester
mail Address: <u>kseibert@</u>	byramhills.org		Name of the second
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 F	OR PROFESS	SIONAL STAFF		
-		Subtotal - Code 15	\$53,000	
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary	
Teachers - Teachers collaborate to review scope and sequence in ELA, math science and social studies	212 days	\$250 per day	\$53,000	

SALAR	IES FOR SUPPO	ORT STAFF	
		Subtotal - Code 16	\$4,020
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Teaching Aide - staff development in social emotional learning and student engagement.	134 hours	\$30 per hour	\$4,020

	PURCHASED SERVIC	ES	
		Subtotal - Code 40	\$336 ,348
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Installation of Air Conditioning Units	Commercial Instrumentation Services	Based on Estimate from Vendor	\$336,348

SUPPI	LIES AND MATE	RIALS	
	Subtotal - Code 45	\$31,221	
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Reading Wonders Student Comprehensive Reading/Writing Companion Package: Grade K	185.00	\$63.00	\$11,655
Reading Wonders Literature Big Books Package Grade 1st	7.00	\$915.87	\$6,411
Reading Wonders Student Comprehensive Reading/Writing Companion Package: Grade 2nd	11.00	\$41.70	\$459
Reading Wonders Student Comprehensive Reading/Writing Companion Package: Grade 4	200.00	\$31.74	\$6,348
Reading Wonders Student Comprehensive Reading/Writing Companion Package: Grade 5	200.00	\$31.74	\$6,348

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$53,000
Support Staff Salaries	16	\$4,020
Purchased Services	40	\$336,348
Supplies and Materials	45	\$31,221
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	i.
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Gran	d Total	\$424,589

Agency Code:	661201060000
Project #:	5880-21-2021
Contract #:	
Agency Name:	Byram Hills Central School District

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).

Date Signature

Dr. Jen Lamia, Superintendent of Schools

Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLY						
Funding Dates:	From	То				
Program Approval:	Date	ə:				
Fiscal Year	First Payment	Line #				
		=:				
:		-				
		 :				
Voucher#	Firs	t Payment				

Page	7	of	7
------	---	----	---

Finance:	Logged	Approved	MIR	
rillalice.	Logged	Apploved	IVIII V	