

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		
Report Prepared By:	Nancy Dingman		
Agency Name:	Hannibal Central School		
Mailing Address:	928 Cayuga Street		
	Street		
	Hannibal	NY	13074
	City	State	Zip Code
Telephone # of Report Preparer:	315-564-7977	County: Oswego	
E-mail Address:	nhenner@hannibalcsd.org		
Project Funding Dates:	3/13/2020 Start	9/30/2024 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			\$653,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Elem. Intervention Teacher (2021-22)	1.00	\$65,000	\$65,000
Elem. Intervention Teacher (2022-23)	1.00	\$67,000	\$67,000
Elem. Intervention Teacher (2023-24)	1.00	\$69,000	\$69,000
RTI AiS @ Middle School (2021-22)	1.00	\$68,000	\$68,000
RTI AiS @ Middle School (2022-23)	1.00	\$70,000	\$70,000
RTI AiS @ Middle School (2023-24)	1.00	\$72,000	\$72,000
Additional 5th grade (for CSR) 2021-2022	1.00	\$62,000	\$62,000
Additional 5th grade (for CSR) 2022-2023	1.00	\$64,000	\$64,000
Additional 5th grade (for CSR) 2023-2024	1.00	\$66,000	\$66,000
Professional Development for instructional staff	833 hours	\$60 per hour	\$50,000

PURCHASED SERVICES			
Subtotal - Code 40			\$3,165,878
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Architect Fees	King and King Architect	Contractual Fee	\$100,000
Creation of outdoor classroom/PE space including cleanable, poured rubber surfacing	PAC Associates	Outdoor classroom equipment: \$400,000 Poured rubber surface: \$350,000 Underdrainage: \$50,000 Site prep/earthwork: \$170,000 Curbing: \$30,000	\$1,000,000
HS Toilet room renovations including individual toilet compartments, touchless fixtures, and scrubbable finishes	PAC Associates	Supply piping, sanitary piping, fixture replacement: \$600,000 Electrical upgrades, including lighting replacement: \$160,000 HVAC upgrades, including dedicated exhaust: \$240,000 Replacement of floor, ceiling, and wall finishes: \$460,000 Toilet room accessories and toilet compartments: \$28,000 Wall demolition/reconstruction, door/frame replacements: \$320,000	\$1,808,000
Replacement of deteriorated exterior doors to reduce water infiltration and improve indoor air quality	PAC Associates	\$10,745 per door x 24 pairs of doors	\$257,878

Employee Benefits			
		Subtotal - Code 80	\$138,470
Benefit		Proposed Expenditure	
Social Security		\$50,000	
Retirement	New York State Teachers		\$65,300
	New York State Employees		
	Other - Pension		
Health Insurance		\$23,170	
Worker's Compensation			
Unemployment Insurance			
Other(Identify)			

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BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$653,000
Support Staff Salaries	16	
Purchased Services	40	\$3,165,878
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$138,470
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$3,957,348

Agency Code: **460701040000**

Project #: **5880-21-2340**

Contract #: _____

Agency Name: **Hannibal Central School District**

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To _____

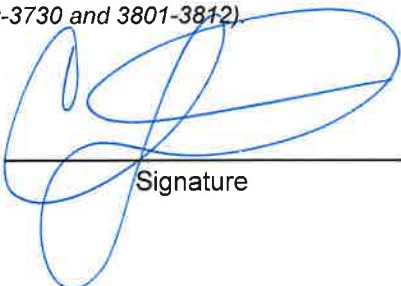
Program Approval: _____ Date: _____

<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).

1/23/22
Date


Signature

Christopher A Staats
Name and Title of Chief Administrative Officer

Finance: Logged _____ Approved _____ MIR _____