

# INSTRUCTIONS

This budget tool contains 12 worksheets – 1 for agency information, 1 for each of the 10 budget categories, and 1 for the budget summary. To go to the other worksheets, click on the tabs below.

Complete all of the green-shaded fields on the Agency Information page and the Budget Summary pages. It is very important that the agency name, agency code and the project number, if available, are accurate.

To enter budget information for a particular category, select that tab and enter the required data. Dollar amounts in the Project Salary/Proposed Expenditure columns of the worksheets will be automatically subtotaled on the worksheets, and the subtotals will be carried over to the Budget Summary worksheet. Dollar amounts will be rounded automatically to the closest whole number. The subtotals and the Budget Summary will automatically be recalculated if the dollar amounts are changed or new information is added.

Large amounts of text in the description boxes may not be completely visible. To accommodate extra text, expand the row height by dragging the line below the row number until the row is at the appropriate height.

On the indirect cost category worksheet, the Maximum Direct Cost Base listed below the chart is the total of codes 15, 16, 40, 45, 46 and 80. To compute the amount in row A. - Modified Direct Cost Base, subtract the portion of each subcontract exceeding \$25,000 and any flow through funds from the Maximum Direct Cost Base. Enter the agency's indirect cost rate as a whole number plus one decimal (2.1%, for example).

To save the completed budget, select File / Save As, rename the file, select the appropriate location on your computer, and click OK.

To preview a completed budget, select File / Print and then click the Preview button.

To print a completed budget, select File / Print and then click OK. Only completed budget pages will print.

The Chief Administrator's Certification on the Budget Summary worksheet must be signed by the agency's Chief Administrative Officer or properly authorized designee.

Submit a budget with original signature, copies of the signed budget as specified in the grant application instructions, and grant application materials to the State Education Department office listed in the grant application instructions. Do not submit budgets or grant applications to Grants Finance.

For additional information about preparing budgets, please refer to Fiscal Guidelines for Federal and State Grants at <http://www.oms.nysed.gov/cafe/guidance/>.

= Required Field

Local Agency Information			
<b>Funding Source:</b>	<span style="border: 1px solid black; padding: 2px;">State UPK Allocation</span>		
<b>Report Prepared By:</b>	<span style="border: 1px solid black; padding: 2px;">Peter Frank</span>		
<b>Agency Name:</b>	<span style="border: 1px solid black; padding: 2px;">Hallmark Central School District</span>		
<b>Mailing Address:</b>	<span style="border: 1px solid black; padding: 2px;">123 Gold Crown Lane</span>		
	<span style="border: 1px solid black; padding: 2px;">Street</span>		
	<span style="border: 1px solid black; padding: 2px;">Hallmark</span>	<span style="border: 1px solid black; padding: 2px;">NY</span>	<span style="border: 1px solid black; padding: 2px;">12345</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;">123-456-7890 x002</span>	<b>County:</b> <span style="border: 1px solid black; padding: 2px;">Riverdale</span>	
<b>E-mail Address:</b>	<span style="border: 1px solid black; padding: 2px;"><a href="mailto:Peter.Frank@HallmarkCSD.org">Peter.Frank@HallmarkCSD.org</a></span>		
<b>Project Funding Dates:</b>	<u>7/1/2024</u> Start	<u>6/30/2025</u> 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/>.



\$130,000

Specific Position Title

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$30,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Teacher Aide	1.00	\$25,000.00	\$25,000
Behavioral Specialist	0.20	\$25,000.00	\$5,000

PURCHASED SERVICES			
		Subtotal - Code 40	\$200,500
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
UPK Instructional Services	Little Friends Preschool	10 x \$5,700 per student	\$57,000
PreK Assessment	Valid and Reliable Assessment	150 students x \$30 per assessment	\$4,500
Environmental Observations	Child Care, Inc.	20 observations x \$200 per class	\$4,000
Lunch and Snack	Yummy in my Tummy, LLC	150 students x 180 days x \$5 per day	\$135,000

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$37,500
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Digital Tablet	10.00	\$1,000.00	\$10,000
Curriculum/Theme Supplies	10 Classrooms	\$2,000.00	\$20,000
New Classroom Books	3 Bulk Packs	\$2,500.00	\$7,500

TRAVEL EXPENSES			
Subtotal - Code 46			\$361,237
Position of Traveler	Destination and Purpose	Calculation of Cost	Proposed Expenditures
UPK Coordinator	Classroom Vists	20 visits x \$.56 per mile x 10 miles	\$112
Student Bussing (District Owned)	To/From School	200 students x \$10/day x 180 days	\$360,000
UPK Day travel, 2 UPK representatives	Attend NYSED's UPK Day in Albany. Hotel and Travel	\$800 for hotel, \$325 gas and mileage	\$1,125







A.

B.

C.



\$759,237.00

To calculate Modified Direct Cost Base, reduce maximum direct cost base by the





\$5,250

Description of Work to be Performed	Calculation of Cost	Proposed Expenditure
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Installation of PreK-child sized toilets	10 toilets x \$225 per toilet	\$2,250
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Custodian Staff Salary for Installation	.05 FTE x \$60,000	
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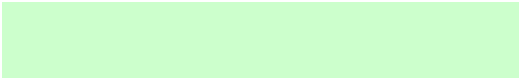
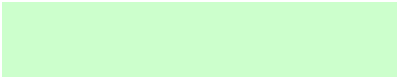
EQUIPMENT			
		Subtotal - Code 20	\$25,500
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Playgrounds R' Us: Installation, Playground Pieces, Poured Base. (package includes 2 playground pieces and necessary inspections)	1 Package	\$25,500.00	\$25,500

SUBTOTAL	CODE	PROJECT COSTS
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Professional Salaries	15	\$130,000
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Agency Code: 

Support Staff Salaries	C(S)TJEMC /P j-1./P e	
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**Finance:** Logged \_\_\_\_\_

Approved \_\_\_\_\_

MIR \_\_\_\_\_