

= Required Field

Local Agency Information		
Funding Source:	ARP-ESSER Application: 1% State-Level Reserve-Summer Learning & Enrichment	
Report Prepared By:	Allen Olsen	
Agency Name:	Kingston City School District	
Mailing Address:	21 Wynkoop Place	
	Street	
	Kingston	NY
	City	State
		12401
		Zip Code
Telephone # of Report Preparer:	845-943-3040	County: Ulster
E-mail Address:	aolsen@kingstoncityschools.org	
Project Funding Dates:	3/13/2020	9/30/2024
	Start	End

INSTRUCTIONS
<ul style="list-style-type: none"> 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			\$88,924
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Summer School Principal - Middle School Level, 7/6/21-8/13/21	1.00	\$9,482	\$9,482
Summer School Nurse - Middle Grade Level, 7/6/21-8/13/21	1.00	\$3,742	\$3,742
Summer School Teachers - Middle Grade Level, 7/6/21-8/13/21	23.00	\$2,408	\$55,384
Summer School Substitute Teachers - Middle Grade Level, 7/6/21-8/13/21	4.00	\$1,872	\$7,488
Summer School Teachers Assistants- Middle Grade Level, 7/6/21-8/13/21	6.00	\$2,138	\$12,828

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$3,743
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Summer School Clerical - Middle School Level, 7/6/21-8/13/21	1.00	\$3,743.00	\$3,743

Employee Benefits		
Subtotal - Code 80		
\$7,335		
Benefit	Proposed Expenditure	
Social Security	\$7,088	
Retirement	New York State Teachers	\$247
	New York State Employees	
	Other - Pension	
Health Insurance		
Worker's Compensation/Unemployment Insurance		
Other(Identify)		

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$88,924
Support Staff Salaries	16	\$3,743
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$7,335
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$100,002

Agency Code: **620600010000**

Project #: **5882-21-3400**

Contract #: _____

Agency Name: **Kingston City School District**

FOR DEPARTMENT USE ONLY


Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

<u>Fiscal Year</u>	<u>First Payment</u>	<u>Line #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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).

11/11/21 

Date _____ Signature _____

Name and Title of Chief Administrative Officer

Finance: Logged _____

Approved _____

MIR _____