

= Required Field

Local Agency Information

Funding Source:	Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA) Revised		
Report Prepared By:	Allen Olsen		
Agency Name:	Kingston City School District		
Mailing Address:	21 Wynkoop Place		
	Street		
	Kingston	NY	12401
	City	State	Zip Code
Telephone # of Report Preparer:	845-943-3040	County: Ulster	
E-mail Address:	aolsen@kingstoncityschools.org		
Project Funding Dates:	3/13/2020 Start	9/30/2023 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			\$4,069,870
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Teacher - (Myer Elem) 2 year timeframe Allowable Activity # 15	1.00	\$240,718	\$240,718
Teacher - (Graves Elem) 2 year timeframe District Wide Allowable Activity #15	1.00	\$233,377	\$233,377
Teacher - (JFK Elem) 2 year timeframe District Wide Allowable Activity #15	1.00	\$204,443	\$204,443
Teacher - (GW Elem) 2 year timeframe District Wide Allowable Activity #15	1.00	\$217,974	\$217,974
Teacher - (Chambers Elem) 2 year timeframe District Wide Allowable Activity #15	1.00	\$228,449	\$228,449
Teacher - (Crosby Elem) 2 year timeframe District Wide Allowable Activity #15	1.00	\$239,567	\$239,567
Teacher - (Edson Elem) 2 year timeframe District Wide Allowable Activity #15	1.00	\$238,454	\$238,454
Teacher - (Myer Elem) 2 year timeframe District Wide Allowable Activity #15	1.00	\$216,583	\$216,583
Teacher - (Graves Elem) 2 year timeframe District Wide Allowable Activity #15	1.00	\$246,108	\$246,108
Teacher - (JFK Elem) 2 year timeframe District Wide Allowable Activity #15	1.00	\$241,144	\$241,144
Teacher - (GW Elem) 2 year timeframe District Wide Allowable Activity #15	1.00	\$192,278	\$192,278
Teacher -(Cham Elem) 2 year timeframe District Wide Allowable Activity #15	1.00	\$188,625	\$188,625
Teacher -(Crosby Elem) 2 year timeframe District Wide Allowable Activity #15	1.00	\$231,114	\$231,114

Teacher -(Cham Elem) 2 year timeframe District Wide Allowable Activity #15	1.00	\$153,598	\$153,598
Teacher -(Edson Elem) 2 year timeframe District Wide Allowable Activity #15	1.00	\$238,180	\$238,180
Teacher -(Myer Elem) 1 year timeframe District Wide Allowable Activity #15	1.00	\$108,969	\$108,969
Teacher -(Graves Elem) 1 year timeframe District Wide Allowable Activity #15	1.00	\$98,469	\$98,469
Teacher -(JFK Elem) 1 year timeframe District Wide Allowable Activity #15	1.00	\$126,817	\$126,817
Teacher -(GW Elem) 1 year timeframe District Wide Allowable Activity #15	1.00	\$112,140	\$112,140
Teacher -(Edson Elem) 1 year timeframe District Wide Allowable Activity #15	1.00	\$119,700	\$119,700
Teacher - (Crosby Elem) 1 year timeframe District Wide Allowable Activity #15	1.00	\$117,304	\$117,304
Teacher -(Chambers Elem) 1 year timeframe District Wide Allowable Activity #15	1.00	\$75,859	\$75,859

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$350,150
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Technology Director 2 year timeframe District Wide Allowable Activity #7	0.30	\$212,297.00	\$63,689
Technology Specialist 2 year timeframe District Wide Allowable Activity #7	0.20	\$162,898.00	\$32,580
Technology Specialist 2 year timeframe District Wide Allowable Activity #7	0.50	\$158,432.00	\$79,216
Technology Specialist 2 year timeframe District Wide Allowable Activity #7	0.50	\$120,244.00	\$60,122
Technology Specialist 2 year timeframe District Wide Allowable Activity #7	0.20	\$148,666.00	\$29,733
Technology Specialist 2 year timeframe District Wide Allowable Activity #7	0.20	\$170,200.00	\$34,040
Safety Officer 2 year timeframe District Wide Allowable Activity #4	0.20	\$171,156.00	\$34,231
Safety Secretary 2 year timeframe District Wide Allowable Activity #4	0.20	\$82,693.00	\$16,539

Employee Benefits			
		Subtotal - Code 80	\$1,923,813
Benefit		Proposed Expenditure	
Social Security		\$575,785	
Retirement	New York State Teachers	\$387,641	
	New York State Employees	\$59,525	
	Other - Pension		
Health Insurance		\$837,113	
Worker's Compensation/Unemployment Insurance		\$63,749	
Other(Identify)			
Allowable Costs # 4 - \$62,062			
Allowable Costs # 7- \$380,703			
Allowable Costs # 15 - \$1,476,878			

INDIRECT COST		
A.	Modified Direct Cost Base -- Sum of all preceding subtotals(codes 15, 16, 40, 45, 46, and 80 and excludes the portion of each subcontract exceeding \$25,000 and any flow through funds) **Manual Entry Allowable cost #15	\$6,310,670
B.	Approved Restricted Indirect Cost Rate	1.40%
C.	Subtotal - Code 90	\$88,349

For your information, maximum direct cost base = \$6,343,832.70

To calculate Modified Direct Cost Base, reduce maximum direct cost base by the portion of each subcontract exceeding \$25,000 and any flow through funds.

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$4,069,870
Support Staff Salaries	16	\$350,150
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$1,923,813
Indirect Cost	90	\$88,349
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$6,432,182

Agency Code: **620600010000**

Project #: **5891-21-3400**

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).

7/22/21 

Date Signature

Name and Title of Chief Administrative Officer

Finance: Logged _____

Approved _____

MIR _____

