

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			
<b>Funding Source:</b>	CARES Act - ESSER Funds		
<b>Report Prepared By:</b>	Michael P. Tambroni		
<b>Agency Name:</b>	North Tonawanda City School District		
<b>Mailing Address:</b>	176 Walck Rd		
	Street		
	North Tonawanda	NY	14120
	City	State	Zip Code
<b>Telephone # of Report Preparer:</b>	7168073566	<b>County:</b> Niagara	
<b>E-mail Address:</b>	mtambroni@ntschoools.org		
<b>Project Funding Dates:</b>	3/13/2020 Start	30-Sep-22 End	

INSTRUCTIONS
<ul style="list-style-type: none"> <li>● 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.</li> <li>● The Chief Administrator's Certification on the Budget Summary worksheet must be signed by the agency's Chief Administrative Officer or properly authorized designee.</li> <li>● 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.</li> <li>● For information on budgeting refer to the Fiscal Guidelines for Federal and State Aided Grants at <a href="http://www.oms.nysed.gov/cafe/guidance/">http://www.oms.nysed.gov/cafe/guidance/</a>.</li> </ul>

SALARIES FOR PROFESSIONAL STAFF			
Subtotal - Code 15			\$654,533
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
School Counselor	1.00	\$50,424	\$50,424
School Counselor	1.00	\$58,306	\$58,306
School Counselor/Family Support	0.50	\$39,736	\$39,736
School Social Worker	1.00	\$101,356	\$101,356
School Social Worker	1.00	\$99,766	\$99,766
School Social Worker	1.00	\$48,140	\$48,140
School Social Worker	1.00	\$96,471	\$96,471
School Counselor	1.00	\$58,486	\$58,486
School Counselor	1.00	\$63,285	\$63,285
School Counselor	0.65	\$58,486	\$38,563

PURCHASED SERVICES			
Subtotal - Code 40			\$5,581
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Provision of Academic Intervention Services	Contracted certified teacher	hourly	\$5,581

<b>SUPPLIES AND MATERIALS</b>			
Subtotal - Code 45			<b>\$35,000</b>
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Additional technology for low-income students	55.00	\$450.00	\$25,000
Supplemental online summer programming for low-income students, ELLs, McKinney Vento, etc	400.00	\$250.00	\$10,000

### BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$654,533
Support Staff Salaries	16	
Purchased Services	40	\$5,581
Supplies and Materials	45	\$35,000
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$695,114

Agency Code: **400900010000**

Project #: **5890-21-1970**

Contract #: \_\_\_\_\_

Agency Name: **North Tonawanda CSD**

**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).*

8/24/2020 *Gregory J. Woytila*  
 Date Signature

*Gregory J. Woytila* Superintendent  
 Name and Title of Chief Administrative Officer

**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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_____	_____	_____
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Voucher # \_\_\_\_\_ First Payment \_\_\_\_\_

**Finance:** Logged \_\_\_\_\_

Approved \_\_\_\_\_

MIR \_\_\_\_\_