

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: | Michael P. Tambroni | |
| Agency Name: | North Tonawanda City School District | |
| Mailing Address: | 176 Walck Rd. | |
| | Street | |
| | North Tonawanda | NY 14120 |
| | City | State Zip Code |
| Telephone # of Report Preparer: | 716-807-3566 | County: Niagara |
| E-mail Address: | mtambroni@ntschoools.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 | \$5,075,029 |
|-----------------------------------|----------------------|------------------------------------|--------------------|-------------|
| Specific Position Title | Full-Time Equivalent | Annualized Rate of Pay | Project Salary | |
| 7-12 After School Program Teacher | 8.00 | \$31/hour for \$38,000 over 3 yrs. | \$38,000 | |
| K-6 Summer Teacher | 12.00 | \$55,800 over 3 yrs. w/ step inc. | \$55,800 | |
| 7-12 Summer Teacher | 6.00 | \$22,500 over 3 yrs. w/ step inc. | \$22,500 | |
| Reading Interventionist- Spruce | 1.00 | \$308,072 over 3 yrs. w/ step inc. | \$308,072 | |
| Reading Interventionist- Drake | 1.00 | \$226,154 over 3 yrs. w/ step inc. | \$226,154 | |
| Reading Interventionist- Ohio | 1.00 | \$234,087 over 3 yrs. w/ step inc. | \$234,087 | |
| Math Interventionist - NTI | 1.00 | \$307,081 over 3 yrs. w/ step inc. | \$307,081 | |
| Math Interventionist - NTI | 1.00 | \$303,445 over 3 yrs. w/ step inc. | \$303,445 | |
| Math Interventionist - NTMS | 1.00 | \$253,438 over 3 yrs. w/ step inc. | \$253,438 | |
| Math Interventionist - NTMS | 1.00 | \$231,443 over 3 yrs. w/ step inc. | \$231,443 | |
| Math Interventionist - Ohio | 1.00 | \$223,333 over 3 yrs. w/ step inc. | \$223,333 | |
| School Counselor - NTMS | 1.00 | \$308,403 over 3 yrs. w/ step inc. | \$308,403 | |
| School Counselor - NTMS | 1.00 | \$171,162 over 3 yrs. w/ step inc. | \$171,162 | |
| School Counselor - NTHS | 1.00 | \$171,162 over 3 yrs. w/ step inc. | \$171,162 | |
| School Counselor - NTHS | 1.00 | \$173,806 over 3 yrs. w/ step inc. | \$173,806 | |
| School Counselor - NTHS | 1.00 | \$313,691 over 3 yrs. w/ step inc. | \$313,691 | |
| School Social Worker - Spruce | 1.00 | \$315,674 over 3 yrs. w/ step inc. | \$315,674 | |
| School Social Worker - NTMS | 1.00 | \$301,440 over 3 yrs. w/ step inc. | \$301,440 | |
| School Social Worker - NTHS | 1.00 | \$234,561 over 3 yrs. w/ step inc. | \$234,561 | |
| School Social Worker - NTHS | 1.00 | \$285,670 over 3 yrs. w/ step inc. | \$285,670 | |
| School Social Worker - NTMS | 1.00 | \$168,328 over 3 yrs. w/ step inc. | \$168,328 | |
| School Social Worker - Drake | 1.00 | \$241,502 over 3 yrs. w/ step inc. | \$241,502 | |

| | | | |
|-------------------------|------|------------------------------------|-----------|
| School Counselor - Ohio | 1.00 | \$186,277 over 3 yrs. w/ step inc. | \$186,277 |
| | | | |

| SALARIES FOR SUPPORT STAFF | | | |
|----------------------------|----------------------|------------------------|-----------------|
| Subtotal - Code 16 | | | \$24,500 |
| Specific Position Title | Full-Time Equivalent | Annualized Rate of Pay | Project Salary |
| Clerk - Summer K-6 | 1.00 | 22/hour | \$3,500 |
| Teacher Aide - Summer K-6 | 6.00 | 22/hour | \$21,000 |
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| Employee Benefits | |
|------------------------|--------------------------|
| Subtotal - Code 80 | |
| \$379,202 | |
| Benefit | Proposed Expenditure |
| Social Security | \$379,202 |
| Retirement | New York State Teachers |
| | New York State Employees |
| | Other - Pension |
| Health Insurance | |
| Worker's Compensation | |
| Unemployment Insurance | |
| Other(Identify) | |
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BUDGET SUMMARY

| SUBTOTAL | CODE | PROJECT COSTS |
|------------------------|------|---------------|
| Professional Salaries | 15 | \$5,075,029 |
| Support Staff Salaries | 16 | \$24,500 |
| Purchased Services | 40 | |
| Supplies and Materials | 45 | |
| Travel Expenses | 46 | |
| Employee Benefits | 80 | \$379,202 |
| Indirect Cost | 90 | |
| BOCES Services | 49 | |
| Minor Remodeling | 30 | |
| Equipment | 20 | |
| Grand Total | | \$5,478,731 |

Agency Code: **400900010000**

Project #: **5880-21-1970**

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).

9/30/21 *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: _____

Fiscal Year **First Payment** **Line #**

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Voucher # First Payment

Finance: Logged _____

Approved _____

MIR _____