

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>	ARP-ESSER		
<b>Report Prepared By:</b>	Jackson Graham		
<b>Agency Name:</b>	Chautauqua Lake Central School District		
<b>Mailing Address:</b>	100 N Erie Street		
	Street		
	Mayville	NY	14757
	City	State	Zip Code
<b>Telephone # of Report Preparer:</b>	716-753-5874	<b>County:</b> Chautauqua	
<b>E-mail Address:</b>	jgraham@clake.org		
<b>Project Funding Dates:</b>	3/13/2020 Start	9/30/2024 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>

<b>SALARIES FOR PROFESSIONAL STAFF</b>			
Subtotal - Code 15			<b>\$309,061</b>
<b>Specific Position Title</b>	<b>Full-Time Equivalent</b>	<b>Annualized Rate of Pay</b>	<b>Project Salary</b>
STEM/ Enrichment Teacher - Yr 1 1/1/22-6/30/22	0.50	\$43,000	\$21,500
STEM/ Enrichment Teacher - Yr 2 7/1/22-6/30/23	1.00	\$44,243	\$44,243
STEM/ Enrichment Teacher - Yr 3 7/1/23-6/30/24	1.00	\$45,521	\$45,521
STEM/ Enrichment Teacher - Yr 4 7/1/24-9/30/24	0.25	\$46,837	\$11,709
Counselor/Behavioral Health (Gr 6,7,8) - Yr 1 1/1/22-6/30/22	0.50	\$43,000	\$21,500
Counselor/Behavioral Health (Gr 6,7,8) - Yr 2 7/1/22-6/30/23	1.00	\$44,243	\$44,243
Counselor/Behavioral Health (Gr 6,7,8) - Yr 3 7/1/23-6/30/24	1.00	\$45,521	\$45,521
Counselor/Behavioral Health (Gr 6,7,8) - Yr 4 7/1/24-9/30/24	0.25	\$46,837	\$11,709
Elementary Afterschool Teacher - Yr 1 1/1/22-6/30/22	0.15	\$43,000	\$6,450
Elementary Afterschool Teacher - Yr 2 7/1/22-6/30/23	0.15	\$44,243	\$6,636
Elementary Afterschool Teacher - Yr 3 7/1/23-6/30/24	0.15	\$45,521	\$6,828
Nurse's Aide - Yr 1 7/1/21-6/30/22	1.00	\$21,600	\$21,600
Nurse's Aide - Yr 2 7/1/22-6/30/23	1.00	\$21,600	\$21,600

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			<b>\$223,205</b>
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Adventure Club Chaperone - Yr 1 1/1/22-6/30/22	0.50	\$19,200.00	\$9,600
Adventure Club Chaperone - Yr 2 7/1/22-6/30/23	0.50	\$38,400.00	\$19,200
Adventure Club Chaperone- Yr 3 7/1/23-6/30/24	0.50	\$38,400.00	\$19,200
Cleaner- Yr 1 7/1/21-6/30/22	2.00	\$38,195.00	\$76,390
Cleaner - Yr 2 7/1/22-6/30/23	2.00	\$39,298.84	\$78,598
Cleaner- Yr 3 7/1/23-6/30/24	0.50	\$40,434.57	\$20,217

PURCHASED SERVICES			
Subtotal - Code 40			\$239,300
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Adventure Club Trail Development on School Grounds (New trails, trail improvement, features)	Loud Performance	\$5,000/mile of trail	\$10,000
Adventure Club - Kayak Rentals	Evergreen Outfitters	\$30 for 90 minutes per rental x 30 students x 2 times per year x 3 years	\$5,400
Mental Health Programming	Sources of Strength	\$3,500 package per year for 3 years	\$10,500
Family ID Registration Platform	Family ID	\$5,000 per year for 3 years	\$15,000
Remind Communication Software	Remind	\$3,000 per year for 3 years	\$9,000
Outdoor Graduation Ceremony	Advanced Production Group	Standard fee of \$7,700 per year for 2 years	\$15,400
HVAC Ductwork Cleaning	John W. Danforth	\$18,000 per building wing. 1 building wing per year for 3 years	\$54,000
COVID-19 Legal Advice	Harris Beach PLLC	\$10,000 per year for 2 years. Estimate of 67 total partner level hours.	\$20,000
Air Handling Unit Repairs	John W. Danforth	Technician estimate of \$10,000 for 5 AHUs to keep healthy building system	\$50,000
Outdoor Classroom Space	CPL	Budget to build outdoor classroom space. Estimated space of 5,000 square feet x \$10/sqft.	\$50,000

<b>SUPPLIES AND MATERIALS</b>			
Subtotal - Code 45			<b>\$747,241</b>
Description of Item	Quantity	Unit Cost	Proposed Expenditure
HVAC System Air Filters	8280.00	\$6.53	\$54,068
Protective Chromebook Cases	400.00	\$25.00	\$10,000
Water Bottle Filling Stations	6.00	\$2,100.00	\$12,600
Borealis Fat Bike - Year Round Use	30.00	\$2,500.00	\$75,000
Specialized Centro Helmets	30.00	\$70.00	\$2,100
6 x 12 Tandem Axle Trailer for Adventure Club	1.00	\$4,850.00	\$4,850
Adventure Club Elbow Pads	30.00	\$24.95	\$749
Adventure Club Knee Pads	30.00	\$54.95	\$1,649
Bike Hangers for trailer	10.00	\$35.00	\$350
Water Bottle Cages	30.00	\$15.00	\$450
Bike Flat Pedals	30.00	\$65.00	\$1,950
Bike Tire Sets	30.00	\$150.00	\$4,500
Makerspace Paint	10.00	\$53.90	\$539
Makerspace Computers	6.00	\$1,599.00	\$9,594

Makerspace 3D Printer	1.00	\$2,500.00	\$2,500
Makerspace Interactive Technology	2.00	\$4,000.00	\$8,000
Makerspace Curriculum	3.00	\$2,411.00	\$7,233
District-wide Smartboard upgrade/replacement	104.00	\$4,400.00	\$457,600
Smartboard mobile carts	104.00	\$550.00	\$57,200
Washer/Dryer Units	3.00	\$1,768.00	\$5,304
Floor mats (branded)	18.00	\$1,667.00	\$30,006
Children's Mask Packs	50.00	\$20.00	\$1,000

Employee Benefits		
Subtotal - Code 80		
\$183,354		
Benefit	Proposed Expenditure	
Social Security	\$40,718	
Retirement	New York State Teachers	\$30,288
	New York State Employees	\$36,159
	Other - Pension	
Health Insurance	\$76,189	
Worker's Compensation		
Unemployment Insurance		
<b>Other(Identify)</b>		

PURCHASED SERVICES WITH BOCES			
Subtotal - Code 49			\$106,423
Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
Community Cares Specialist (Social Worker) - Yr 1 7/1/21- 6/30/22	Erie 2 Chautauqua Cattaraugus BOCES	\$4,000/student x 8 students (per year)	\$32,000
Community Cares Specialist (Social Worker) - Yr 2 7/1/22- 6/30/23	Erie 2 Chautauqua Cattaraugus BOCES	\$4,000/student x 8 students (per year) x 2% estimated increase	\$32,640
Community Cares Specialist (Social Worker) - Yr 3 7/1/23- 6/30/24	Erie 2 Chautauqua Cattaraugus BOCES	\$4,000/student x 8 students (per year) x 2% estimated increase	\$33,293
Community Cares Specialist (Social Worker) - Yr 4 7/1/24- 9/30/24	Erie 2 Chautauqua Cattaraugus BOCES	\$4,000/student x 8 students (per year) x 2% estimated increase x .25 year	\$8,490



MINOR REMODELING		
Subtotal - Code 30		\$300,000
Description of Work to be Performed	Calculation of Cost	Proposed Expenditure
Construction of Pole Barn	1,500 sq ft barn x \$185/sq ft	\$277,500
Pole Barn Incidentals	1,500 sq ft barn x incidental cost of \$15/sq ft	\$22,500

EQUIPMENT			
Subtotal - Code 20			\$60,000
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Floor Scrubber	1.00	\$30,000.00	\$30,000
Makerspace Annual Learning Material Set	3.00	\$10,000.00	\$30,000

**BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$309,061
Support Staff Salaries	16	\$223,205
Purchased Services	40	\$239,300
Supplies and Materials	45	\$747,241
Travel Expenses	46	
Employee Benefits	80	\$183,354
Indirect Cost	90	
BOCES Services	49	\$106,423
Minor Remodeling	30	\$300,000
Equipment	20	\$60,000
Grand Total		\$2,168,584

Agency Code: **060503040000**

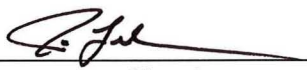
Project #: **5880-21-XXXX**

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

Agency Name: **Chautauqua Lake Central School District**

**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).*

2/18/2022 

Date Signature

**Dr. Joshua Liddell, 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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Voucher # First Payment

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

Approved \_\_\_\_\_

MIR \_\_\_\_\_