

= Required Field

Local Agency Information

Funding Source: Title 1 Part A

Report Prepared By: Joel Adelberg

Agency Name: Bedford Central School District

Mailing Address: P.O. Box 180

Street

Mount Kisco

NY

10549

City

State

Zip Code

Telephone # of Report Preparer: 914-241-6016

County: Westchester

E-mail Address: jadelberg2958@bcsdny.org

Project Funding Dates: 9/1/2016 8/31/2016
Start 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			\$415,746
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
RTI Math/Literacy Support Teacher	0.80	\$126,705	\$101,364
Tiered Academic Support/RTI Math-Literacy: Grades K-1	0.80	\$109,173	\$87,338
Tiered Academic Support/RTI Math-Literacy: Grades 2-3	0.80	\$101,616	\$81,293
After School Instructional Support for Group Home Students 45 hours at \$50.69	0.04	\$2,281	\$2,281
Kindergarten Teacher - class size reduction	1.00	\$83,406	\$83,406
Parents as Teachers Parent Educator	1.00	\$42,192	\$42,192
Parent Involvement Set-Aside activities - Teacher-led parent curriculum	0.08	\$5,200	\$5,200
K-5 Teachers - Curriculum Development Hours (250 hours @50.69/hour)	0.10	\$12,672	\$12,672

PURCHASED SERVICES			
Subtotal - Code 40			\$83,408
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Sustainability Education Consulting Services	Kaleidoscope School Garden	Contracted	\$19,200
Literacy consultant to support effective Tier1 classroom literacy instruction (84.5 days = \$64, 208	Katie Cunningham	Contracted	\$64,208

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$3,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Instructional Assistant for "Pipeline" student assistance program @120 hours	0.10	\$3,000.00	\$3,000

SUPPLIES AND MATERIALS

			Subtotal - Code 45
			\$9,885
Description of Item	Quantity	Unit Cost	Proposed Expenditure
K-12 Homeless student math and literacy support materials and supplies	varied	varied	\$1,000
Title 1-D neglected youth program materials and supplies	varied	varied	\$500
Instructional materials for dual language program	varied	varied	\$8,385

TRAVEL EXPENSES			
Subtotal - Code 46			\$1,004
Position of Traveler	Destination and Purpose	Calculation of Cost	Proposed Expenditures
Parents as Teachers Educator	Home visits for MKES	600 miles @.56 mile	\$336
Parents as Teachers Educator and Program Coordinator	Annual training conference travel	300 miles @.56/mile	\$168
Parents as Teachers Educator and Program Coordinator	Annual training conference registration fee	\$500	\$500

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$415,746
Support Staff Salaries	16	\$3,000
Purchased Services	40	\$83,408
Supplies and Materials	45	\$9,885
Travel Expenses	46	\$1,004
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$513,043

Agency Code: **660102060000**

Project #: **0021163605**

Contract #: _____

Agency Name: **Bedford CSD**

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).

8/31/16 

Date Signature

Dr. Christopher Manno, Supt. of Schools

Name and Title of Chief Administrative Officer

