

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- IDEA Section 611	
Report Prepared By:	Mary Ann Exler	
Agency Name:	Rush-Henrietta Central School	
Mailing Address:	2034 Lehigh Station Road	
	Street	
	Henrietta	NY 14467
	City	State Zip Code
Telephone # of Report Preparer:	585-359-5033	County: Monroe
E-mail Address:	mexler@rhnet.org	
Project Funding Dates:	7/1/2021	9/30/2023
	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			\$216,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Special Education Teachers	3.00	\$72,000	\$216,000

PURCHASED SERVICES			
Subtotal - Code 40			\$48,374
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Services for Parentally Placed Students	School of the Holy Childhood to provide Speech PT/OT, Music Therapy and Counseling		\$7,508
ASEP Allocations (See Attached)			\$40,866

Section 611 (Rush-Henrietta CSD)

Summary of SEDCAR-1's

Approved Special Education Programs (ASEPs)

	Ages 3-5 Preschool	Related Serv Only	Ages 6-21 School-age	(D) Total	(C)*(D) Allocation
Bright Start Pediatric Services	5	16	0	21	4,309
Clinical Associates of the Finger Lakes	9	16	0	25	5,977
CP Rochester - Augustin Center	7	0	0	7	2,919
CP Rochester - Happiness House	6	0	0	0	2,502
Hillside Children's Center	0	0	5	5	2,085
Kessler Center	0	0	2	2	834
Liberty Resources POST	2	6	0	8	1,668
Mary Cariola	2	0	20	22	9,174
Norman Howard	0	0	6	6	2,502
Rochester Childfirst Network	1	0	0	1	417
Rochester Hearing & Speech Center	0	1	0	1	139
Rochester School for the Deaf	3	0	15	18	7,506
School of the Holy Childhood	0	0	2	2	834
	35	39	50	118	40,866

Employee Benefits		
Subtotal - Code 80		\$31,506
Benefit		Proposed Expenditure
Social Security 7.65% on \$216,000		\$16,524
Retirement	New York State Teachers 10%	\$14,982
	New York State Employees	
	Other - Pension	
Health Insurance		
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$216,000
Support Staff Salaries	16	
Purchased Services	40	\$48,374
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$31,506
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$295,880

Agency Code: **261701060000**Project #: **5532-22-0385**Contract #: Agency Name: **Rush-Henrietta Central School District****FOR DEPARTMENT USE ONLY**

Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

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).

4.6.22

Date

Signature

Lawrence Wright Superintendent
Name and Title of Chief Administrative Officer

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

Voucher #

First Payment

Finance: Logged _____

Approved _____

MIR _____