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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 Agenc	y Informatio	on	
Funding Source:	ARP- IDEA Section 6	19		
Report Prepared By:	Mary Ann Exler			
Agency Name:	Rush-Henrietta Cent	ral School		
Mailing Address:	2034 Lehigh Station	2034 Lehigh Station Road		
		Str	eet	
:3	Henrietta City	NY State	14467 Zip Code	
Telephone # of Report Preparer: 585-359-		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/.

		Subtotal - Code 15	\$14,082
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
CPSE Chairperson	0.20	\$70,410	\$14,082

	PURCHASED SERVI	CES		
Subtotal - Code 40			\$17,784	
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		\$1,368	
ASEP Allocations (See Attached)			\$16,416	

Section 619 (Rush-Henrietta CSD)

Summary of SEDCAR-1's		Related	(D)	(C)*(D)
Approved Special Education Programs (ASEPs)	SEIT	Serv Only	Total	Allocation
Bright Start Pediatric Services	5	16	21	3,534
Clinical Associates of the Finger Lakes	9	16	25	4,902
CP Rochester - Augustin Center	7	0	7	2,394
CP Rochester - Happiness House	6	0	6	2,052
Liberty Resources POST	2	6	8	1,368
Mary Cariola	2	0	2	684
Rochester Childfirst Network	1	0	1	342
Rochester Hearing & Speech Center	0	1	1	114
Rochester School for the Deaf	3	0	3	1,026
	35	39	74	16,416

	Employee Benefits		
	Subtotal - Code 80	\$1,077	
Benefit Social Security 7.65% on \$14,080		Proposed Expenditure	
		\$1,077	
	New York State Teachers		
Retirement	New York State Employees		
	Other - Pension		
Health Insurance			
Worker's Compensation			
Unemployment Insurance			
Other(Identify)			

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$14,082
Support Staff Salaries	16	
Purchased Services	40	\$17,784
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$1,077
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Gra	nd Tota	\$32,943

Agency Code:	261701060000
Project #:	5533-22-0385
Contract #:	
Agency Name:	Rush-Henrietta 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).

4,6,22	Az
Date	Signature

Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLY			
Funding Dates:	From	То	
Program Approval:	D	ate:	
Fiscal Year	First Payment	Line #	
		<u> 2</u>	
Voucher #		First Payment	

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Finance: Logged _____ Approved ____ MIR ____