

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:	LZFERM, Workforce Innovation and Opportunity Act Title II and Welfare Education Program	
Report Prepared By:	Sarah Susan Naber	
Agency Name:	Yonkers City School District	
Mailing Address:	One Larkin Center	
	Street	
	Yonkers	10701
	City	Zip Code

Telephone # of Report Preparer:	(914) 376-8600	County:	Westchester
E-mail Address:	snaber1@yonkerspublicschools.org		

Project Funding Dates: 7/1/2022 6/30/2023
 Start End

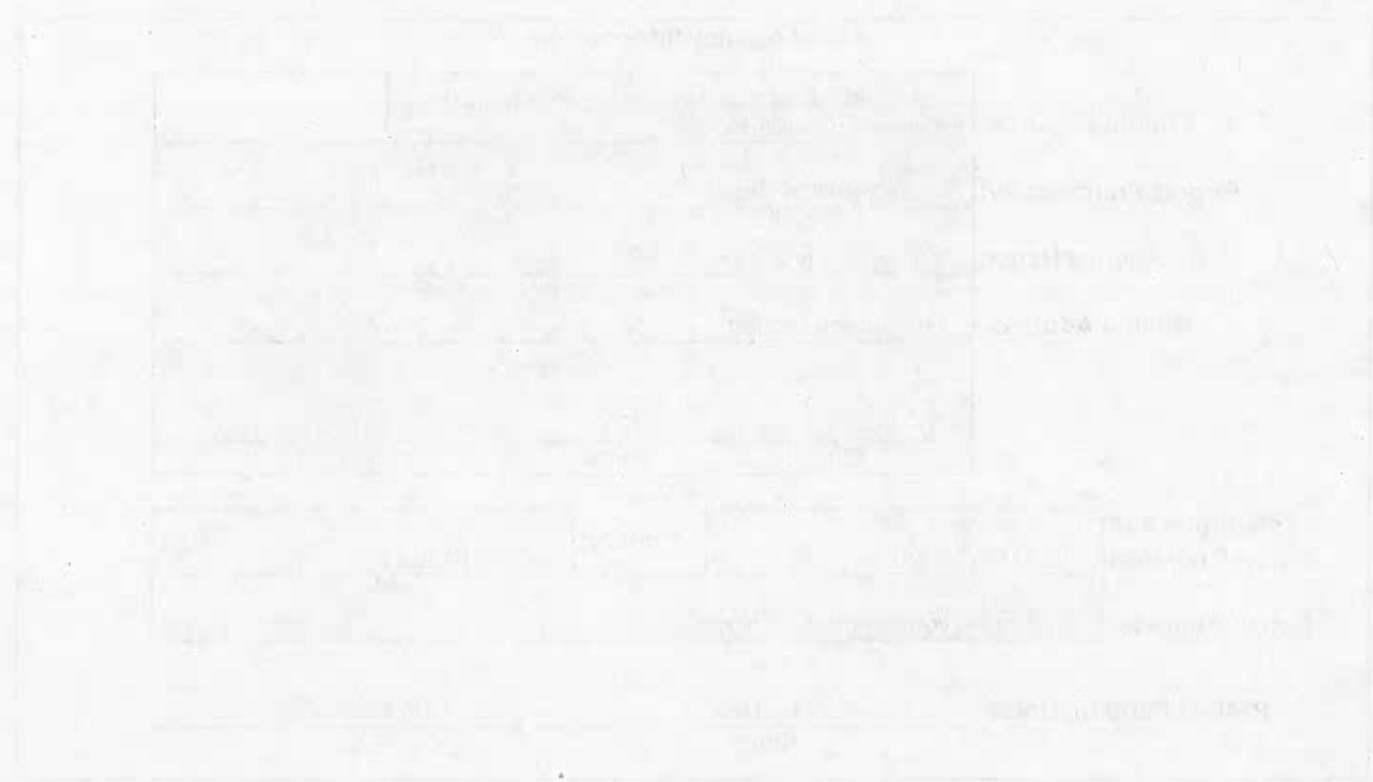
INSTRUCTIONS

- 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/>.

10/10

STATE OF TEXAS
COUNTY OF []

THE STATE DEPARTMENT OF TRANSPORTATION
DIVISION OF HIGHWAYS



BEFORE ME, the undersigned authority, on this _____ day of _____, 20____, personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

My commission expires _____.

Notary Public in and for the State of Texas

SALARIES FOR PROFESSIONAL STAFF			
Subtotal - Code 15			\$48,019
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
2 Case Managers	Hourly pay@ \$61.06	271.59 hrs x 2 x \$61.06 per hour	\$33,167
Literacy Zone Coordinator	Hourly pay@ \$61.06	243.24 hrs x \$61.06 per hour	\$14,852

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$27,470
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Family Welcome Center Clerk	Hourly Clerk	153.18 hrs x \$55.49 per hour	\$8,500
Family Welcome Center Clerk	Hourly Clerk	68.78 hrs x \$37 per hour	\$2,545
Family Welcome Center Clerk	Hourly Clerk	16.62 hrs x \$37 per hour	\$615
Family Welcome Center sub-clerk	Hourly sub-clerk	533.48 hrs x \$15.50 per hour	\$8,269
Family Welcome Center sub-clerk	Hourly sub-clerk	486.52 hrs x \$15.50 per hour	\$7,541

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$9,262
Description of Item	Quantity	Unit Cost	Proposed Expenditure
HP EliteBook 840 G8 - 14" - Corei5 1145G7 - vPro-16 GN RAM - 256 GB SSD	3.00	\$1,559.78 \$1,766.50	\$4,679.34 \$5,300
Logitech HD Pro Webcam C920S - web camera	10.00	\$63 \$69.99	\$630 \$700
Bose Companion 2 Series III - speakers - for PC <i>Logitech webcam 2.267 Bnet with complete speaker</i>	4 2.00	\$62.00 \$147.50	\$248 \$295
Folders, Binders, Paper clips	multi	multi	\$113
EPSON PowerLite X49 3LCD XGA Classroom Projector with HDMI (MWBE)	1 3.00	\$499 \$419.00	\$1,257
EPSON DC-07 Document Camera (MWBE)	1 3.00	\$245 \$199.00	\$597
EPSON PowerLite 1795F - 3LCS Projector - portable - WI-FI (MWBE)	1 1.00	\$1,099 \$1,000.00	\$1,000

MWBE
\$2,1854

TRAVEL EXPENSES			
Subtotal - Code 46			\$250
Position of Traveler	Destination and Purpose	Calculation of Cost	Proposed Expenditures
Case Managers, LZFERMI Coordinator and LZ staff	Travel expenses for all LZFERMI staff to attend NYSED meetings	As contracted by Yonkers Public Schools	\$250
<i>05/18</i>	<i>05/18</i>		
<i>05/18</i>	<i>05/18</i>	<i>Yonkers Public Schools</i>	<i>250</i>

05/18

05/18

05/18

Employee Benefits			
		Subtotal - Code 80	\$14,107
Benefit		Proposed Expenditure	
Social Security			\$5,775
Retirement	New York State Teachers		\$4,255
	New York State Employees		\$4,077
	Other - Pension		
Health Insurance			
Worker's Compensation			
Unemployment Insurance			
Other(Identify)			

INDIRECT COST		
A.	Modified Direct Cost Base -- Sum of all preceding subtotals(codes 15, 16, 40, 45, 46, and 80 and excludes the portion of each subcontract exceeding \$25,000 and any flow through funds) **Manual Entry	\$99,108
B.	Approved Restricted Indirect Cost Rate	0.90%
C.	Subtotal - Code 90	\$892

For your information, maximum direct cost base = \$99,108.00

To calculate Modified Direct Cost Base, reduce maximum direct cost base by the portion of each subcontract exceeding \$25,000 and any flow through funds.

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$48,019
Support Staff Salaries	16	\$27,470
Purchased Services	40	
Supplies and Materials	45	\$9,262
Travel Expenses	46	\$250
Employee Benefits	80	\$14,107
Indirect Cost	90	\$892
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$100,000

Agency Code: **662300010000**

Project #: **2396-23-3080**

Contract #: _____

Agency Name: **Yonkers City School District**

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).

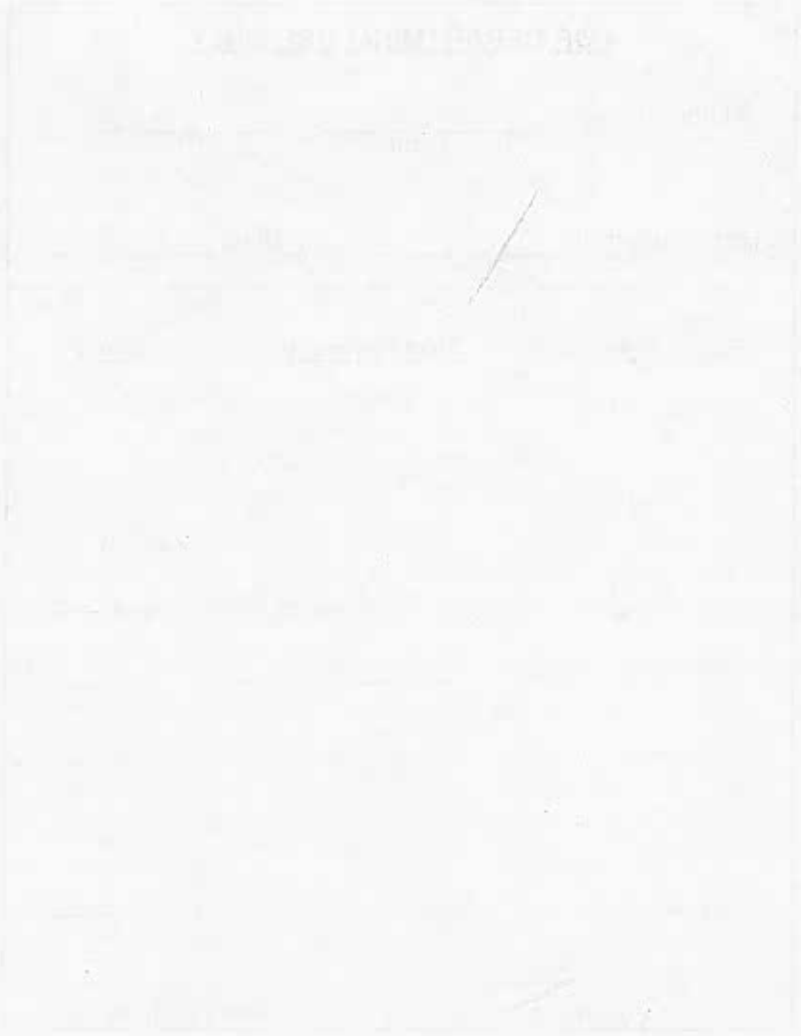
3/15/2021 

Date Signature

Dr. Edwin M. Quezada, Superintendent of Schools
Name and Title of Chief Administrative Officer



Time	State	Transition
0	Initial state	
1	Intermediate state	Transition 1
2	Final state	Transition 2



Time	State	Transition
3	State transition	Transition 3