

= Required Field

| Local Agency Information | | | |
|--|--|-----------------------|----------|
| Funding Source: | ARP ESSER Part 2 | | |
| Report Prepared By: | James Brennan | | |
| Agency Name: | West Irondequoit Central School District | | |
| Mailing Address: | 321 List Avenue | | |
| | Street | | |
| | Rochester | NY | 14617 |
| | City | State | Zip Code |
| Telephone # of Report Preparer: | 585-336-2993 | County: Monroe | |
| E-mail Address: | james_brennan@westiron.monroe.edu | | |
| Project Funding Dates: | 3/13/2020 Start | 9/30/2024 End | |

| INSTRUCTIONS |
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| <ul style="list-style-type: none"> 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 | | | \$988,533 |
|--|----------------------|---|----------------|
| Specific Position Title | Full-Time Equivalent | Annualized Rate of Pay | Project Salary |
| Teacher for Remote Learners (ACTIVITY #20) | 3.0 | \$45,000 | \$135,000 |
| Teachers for K-12 Intensive Tutoring Program (Learning Loss - ACTIVITY #16) | Stipends | \$37.50/hour x 2,933 hours for 3 years | \$330,000 |
| 3 Summer School Counselors - Dake Junior High School (ACTIVITY #7) | Stipends | 2 days at summer curriculum rate of \$281 per day | \$1,686 |
| 15 Staff to Develop Social Emotional Learning Re-Entry Plan (PD and Training) (ACTIVITY #14) | Stipends | 15 staff at summer curriculum rate of \$281 per day | \$4,215 |
| 2 Teachers to address Learning Loss for two years (Learning Loss - ACTIVITY #16) | 2.00 | \$45,000 per teacher per year for two years | \$180,000 |
| LETRS Curriculum Work - Summer or After School Work Days for 48 general education teachers and 10 special education teachers (Learning Loss - ACTIVITY #16) | Stipends | Summer Curriculum rate for 10 days @ \$2800 per person | \$162,400 |
| K-12 Literacy Coach (Learning Loss - ACTIVITY #16) | 3.00 | \$56,693 + 3% raise for next 2 years | \$175,232 |

| PURCHASED SERVICES | | | |
|---|------------------------------------|--|-----------------------------|
| Subtotal - Code 40 | | | \$1,445,308 |
| Description of Item | Provider of Services | Calculation of Cost | Proposed Expenditure |
| HVAC upgrades (ACTIVITY #18) | Crosby Brownlie | 7-15 units @ \$90,000 - \$200,000/unit | \$1,359,808 |
| COVID 19 Testing (ACTIVITY #19) | Workfit | 2 MedTechs x 10 hours/week @ \$40/hour | \$16,000 |
| FEV Tutor (ACTIVITY #12) | FEV Electronic Tutoring Service | \$23/hour x 500 hour/year for 3 years | \$34,500 |
| Instructional Video Coaching (Learning Loss - ACTIVITY #16) | Jim Knight | \$25,000.00 | \$25,000 |
| Turnkey Training for K-12 Director of Humanities (Learning Loss - ACTIVITY #16) | LETRS | \$10,000.00 | \$10,000 |

| SUPPLIES AND MATERIALS | | | |
|--|----------|--------------|----------------------|
| Subtotal - Code 45 | | | \$50,000 |
| Description of Item | Quantity | Unit Cost | Proposed Expenditure |
| Materials for STEAM Education in Grades 4-12 (ACTIVITY #20): | | | |
| Maker Space Cart for STEAM block | 24.00 | \$800.00 | \$19,200 |
| Electromagnetic Arm for STEAM block | 24.00 | \$60.00 | \$1,440 |
| Contraption Set Up for STEAM block | 24.00 | \$190.00 | \$4,560 |
| Ping Pong Projectile Launcher for STEAM block | 24.00 | \$9.00 | \$216 |
| Wiggle Bots for STEAM block | 24.00 | \$90.00 | \$2,160 |
| Makerspace Kit for STEAM block | 24.00 | \$165.00 | \$3,960 |
| STEAM Student Set Classroom Bundles | 6.00 | \$3,000.00 | \$18,000 |
| Additional STEAM Education Materials | 6 - 24 | \$10 - \$100 | \$464 |

| Employee Benefits | | |
|--|--------------------------|----------------------|
| Subtotal - Code 80 | | \$233,339 |
| Benefit | | Proposed Expenditure |
| Social Security | 7.65% | \$37,503 |
| Retirement | New York State Teachers | \$39,219 |
| | New York State Employees | |
| | Other - Pension | |
| Health Insurance | | \$150,000 |
| Worker's Compensation | | \$6,617 |
| Unemployment Insurance | | |
| Other(Identify) | | |
| Teacher for Remote Learners (ACTIVITY #20) \$67,950 | | |
| 2 Teachers for Learning Loss ((Learning Loss - ACTIVITY #16) \$90,600 | | |
| K-12 Literacy Coach ((Learning Loss - ACTIVITY #16) \$74,789 | | |
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| PURCHASED SERVICES WITH BOCES | | | |
|--|----------------------|--|-----------------------------|
| Subtotal - Code 49 | | | \$217,352 |
| Description of Services | Name of BOCES | Calculation of Cost | Proposed Expenditure |
| TASC Tuition (Learning Loss - ACTIVITY #16) | BOCES 1 or BOCES 2 | 8 students x \$14,119 | \$112,952 |
| LETRS Training (Learning Loss - ACTIVITY #16) | BOCES 1 or BOCES 2 | 48 general education teachers x \$1800/person; 10 special education teachers X \$1800/person | \$104,400 |

BUDGET SUMMARY

| SUBTOTAL | CODE | PROJECT COSTS |
|------------------------|------|---------------|
| Professional Salaries | 15 | \$988,533 |
| Support Staff Salaries | 16 | |
| Purchased Services | 40 | \$1,445,308 |
| Supplies and Materials | 45 | \$50,000 |
| Travel Expenses | 46 | |
| Employee Benefits | 80 | \$233,339 |
| Indirect Cost | 90 | |
| BOCES Services | 49 | \$217,352 |
| Minor Remodeling | 30 | |
| Equipment | 20 | |
| Grand Total | | \$2,934,532 |

Agency Code:

Project #:

Contract #:

Agency Name:

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 | |

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).

10/22/21 
 Date Signature

Dr. Aaron Johnson, Superintendent of Schools
Name and Title of Chief Administrative Officer

Finance: Logged _____

Approved _____

MIR _____