

= Required Field

Local Agency Information		
Funding Source:	CRRSA - ESSER 2	
Report Prepared By:	Nicole Morasco	
Agency Name:	Kenmore Town of Tonawanda Union Free School District	
Mailing Address:	1500 Colvin Boulevard	
	Street	
	Buffalo	NY 14223
	City	State Zip Code
Telephone # of Report Preparer:	716-874-8400 EXT 20337	County: Erie
E-mail Address:	nmorasco@ktufsd.org	
Project Funding Dates:	3/13/20	9/30/22
	Start	End

INSTRUCTIONS
<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			\$858,500
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Assistant Superintendent for Student Services (2 Years)	0.50	\$137,300	\$137,300
Director of School Culture and Safety (2 Years)	0.50	\$95,000	\$95,000
TOSA - Grant Coordinator (2 Years)	1.00	\$90,000	\$180,000
Teacher - 6th Grade Franklin Middle (2 Years)	1.00	\$55,000	\$110,000
Teacher - 6th Grade Franklin Middle (2 Years)	1.00	\$55,000	\$110,000
Behavior Interventionist - Split HMS & FMS (2 Years)	1.00	\$55,000	\$110,000
GT Teacher (2 Years)	0.40	\$55,000	\$44,000
Teachers Kindergarten Screening - 15 Teachers 5 summer days (15 x 5/200) 2 Years	0.38	\$95,000	\$72,200

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$850,819
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Clerk Typist (2 Years) Hamilton Building	1.00	\$35,000.00	\$70,000
Nurse (2 Years) Hamilton Building	1.00	\$50,000.00	\$100,000
Cleaner (2 Years) Hamilton Building	2.00	\$42,000.00	\$168,000
Non-allowable salaries for Transportation - Calculation Attached			\$512,819

PURCHASED SERVICES			
Subtotal - Code 40			\$370,000
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Create crisis plan and training on direct coaching for trauma 101 and their trainers are training our trainers. Professional development for families on what to use at home for kids.	University @ Buffalo	\$95,000.00	\$95,000
Training for instructional technology coaching and training high impact instructional strategies	Jim Knight	\$25,000.00	\$25,000
Installation of two playgrounds thorough Game Time	Game Time	\$250,000.00	\$250,000

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$589,072
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Reading curriculum for elementary classrooms - Scholastic	5.00	\$5,200.00	\$26,000
Social Studies Curriculum for grades K-4.	5.00	\$50,000.00	\$250,000
Redundent Server	1.00	\$58,476.00	\$58,476
Server replacement	2.00	\$4,500.00	\$9,000
Wireless Access Point	10.00	\$655.00	\$6,550
Wireless Access Point - Mounting Brackets	30.00	\$19.00	\$570
Teacher Laptops	238.00	\$1,002.00	\$238,476

Employee Benefits		
Subtotal - Code 80		\$409,586
Benefit		Proposed Expenditure
Social Security (\$1,304,500 x 7.65%)		\$99,795
Retirement	New York State Teachers	\$96,650
	New York State Employees	\$59,295
	Other - Pension	
Health Insurance		
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		
Net Amount of Non-aidable transportation benefits calculation attached		\$153,846

PURCHASED SERVICES WITH BOCES			
Subtotal - Code 49			\$115,000
Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
Additional Licenses for online learning platform to deliver credit recovery to students for two years	Erie I BOCES (product GRADPOINT)	\$50,000.00	\$100,000
Training for staff doing annual APPR reviews	ERIE I BOCES (DANILESON)	\$15,000.00	\$15,000

MINOR REMODELING		
Subtotal - Code 30		\$2,950,000
Description of Work to be Performed	Calculation of Cost	Proposed Expenditure
Hoover Middle School Library - Add a rooftop HVAC unit and ducting into the space to assist the existing ventilation. New system to include dehumidification to the space.	\$375,000.00	\$375,000
Hoover Elementary School Library - Add a rooftop HVAC unit and ducting into the space to assist the existing ventilation. New system to include dehumidification to the space.	\$375,000.00	\$375,000
Kenmore East High School Library- Add a rooftop HVAC unit and ducting into the space to assist the existing ventilation. New system to include dehumidification to the space.	\$650,000.00	\$650,000
Kenmore West High School Library - Replace the aging HVAC unit with a new unit.	\$850,000.00	\$850,000
Administration Building - Replace rooftop HVAC units that are aging.	\$700,000.00	\$700,000

EQUIPMENT			
Subtotal - Code 20			\$140,562
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Adaptive playground equipment Package: Sensory Wave, Concert Trio, Arch Swing, Whirlwind Seat, RoxAll Seesaw, Jungle Vink Link, Bench without Back and Discover Cave with Primary Gaps (GAME TIME)	1.00	\$70,562.00	\$70,562
Playground equipment for ages 3-5 years purchased through Game Time	14.00	\$5,000.00	\$70,000

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$858,500
Support Staff Salaries	16	\$850,819
Purchased Services	40	\$370,000
Supplies and Materials	45	\$589,072
Travel Expenses	46	
Employee Benefits	80	\$409,586
Indirect Cost	90	
BOCES Services	49	\$115,000
Minor Remodeling	30	\$2,950,000
Equipment	20	\$140,562
Grand Total		\$6,283,539

Agency Code: **142601030000**

Project #: **5891-21-0850**

Contract #: _____

Agency Name: **Kenmore Town of Tonawanda Union Free School District**

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To _____

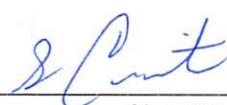
Program Approval: _____ Date: _____

<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).

_____/_____/_____
Date


Signature

Name and Title of Chief Administrative Officer

Finance: Logged _____

Approved _____

MIR _____