

APPENDIX C

The University of the State of New York  
THE STATE EDUCATION DEPARTMENT  
(see instructions for mailing address)

PROPOSED BUDGET FOR A  
FEDERAL OR STATE PROJECT  
FS-10 (03/10)

Local Agency Information

Funding Source: \_\_\_\_\_

Report Prepared By: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street		
City	State	Zip Code

Telephone #: \_\_\_\_\_ County: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Project Operation Dates: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Start End

INSTRUCTIONS

- ❖ **Submit the original 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 the Grants Finance.**
- ❖ Enter whole dollar amounts only.
- ❖ Prior approval by means of an approved budget (FS-10) or budget amendment (FS-10-A) is required for:
  - Personnel positions, number and type
  - Beginning with the 2005-06 budgets, equipment items having a unit value of \$5,000 or more, number and type
  - Budgets for 2004-05 and earlier years equipment items having a unit value of \$1,000 or more, number and type
  - Minor remodeling
  - Any increase in a budget subtotal (professional salaries, purchased services, travel, etc.) by more than 10 percent or \$1,000, whichever is greater
  - Any increase in the total budget amount.
- ❖ Certification on page 8 must be signed by Chief Administrative Officer or designee.
- ❖ High quality computer generated reproductions of this form may be used.
- ❖ For changes in agency or payee address contact the State Education Department office indicated on the application instructions for the grant program for which you are applying.
- ❖ For further information on budgeting, please refer to the Fiscal Guidelines for Federal and State Aided Grants which may be accessed at [www.oms.nysed.gov/cafe/](http://www.oms.nysed.gov/cafe/) or call Grants Finance at (518) 474-4815.



**PURCHASED SERVICES: Code 40**

Include consultants (indicate per diem rate), rentals, tuition, and other contractual services. Copies of contracts may be requested by the State Education Department. Purchased Services from a BOCES, if other than applicant agency, should be budgeted under Purchased Services with BOCES, Code 49.

Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Subtotal - Code 40			

**SUPPLIES AND MATERIALS: Code 45**

Beginning with the 2005-06 year include computer software, library books and equipment items under \$5,000 per unit.

For earlier years include computer software, library books and equipment items under 1,000 per unit.

Description of Item	Quantity	Unit Cost	Proposed Expenditure
Subtotal - Code 45			



**INDIRECT COST: Code 90**

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)	\$	(A)
B. Approved Restricted Indirect Cost Rate	%	(B)
C. (A) x (B) = Total Indirect Cost	\$	(C)
Subtotal – Code 90		

**PURCHASED SERVICES WITH BOCES: Code 49**

Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
Subtotal – Code 49			

**MINOR REMODELING: Code 30**

Allowable costs include salaries, associated employee benefits, purchased services, and supplies and materials related to alterations to existing sites.

Description of Work To be Performed	Calculation of Cost	Proposed Expenditure
Subtotal – Code 30		

**EQUIPMENT: Code 20**

Beginning with the 2005-06 year all equipment to be purchased in support of this project with a unit cost of \$5,000 or more should be itemized in this category. Equipment items under \$5,000 should be budgeted under Supplies and Materials, Code 45. Repairs of equipment should be budgeted under Purchased Services, Code 40.

For earlier years the threshold for reporting equipment purchases was \$1,000 or more. Equipment items under \$1,000 should be budgeted under Supplies and Materials.

Description of Item	Quantity	Unit Cost	Proposed Expenditure
Subtotal – Code 20			

**HELPFUL REMINDERS**

- ❖ Check for the required number of copies to be submitted, including the number of original signature copies. The number of copies may vary from program to program. If unsure,

contact the State Education Department office responsible for the program for which you are applying.

- ❖ An approved copy of the FS-10 will be returned to the contact person at the address completed on page 1. A window envelope will be used for the return mailing; please make sure that the contact information is accurate, legible, and confined to the address field.
- ❖ Be sure to check your math and carry all subtotals forward to the Summary on Page 8. Simple mathematical errors often require Grants Finance to contact both the local agency and other State Education Department offices, resulting in unnecessary delays in program approval. And remember, use whole dollars only.
- ❖ School districts and BOCES should use the restricted indirect cost rate that has been approved for the school year in which the grant will operate. Most other agencies are subject to a fixed maximum rate depending on the grant program and type of agency. Contact Grants Finance at (518) 474-4815 if you have any questions regarding indirect costs.
- ❖ The modified direct cost used in the calculation of indirect cost must exclude equipment, minor remodeling, the portion of each subcontract exceeding \$25,000 and any flow through funds.
- ❖ Be sure to complete the Agency Code on Page 8 as well as the Project #, if pre-assigned.
- ❖ For Special Legislative projects and Grant Contracts, please enter the Contract #.
- ❖ For ease of data entry at the State Education Department, please make sure that Page 8 faces out.
- ❖ Submit forms to:

ATTN: SIF GRANT  
School Turnaround Office  
481 EBA  
89 Washington Avenue  
Albany, NY 12234



**NYS School Innovation Fund  
Annual Project Budget Narrative**

**LEA School Name:** \_\_\_\_\_

**Please reference your approved application including the revised multi-year budget summary and any amendments submitted when explaining expenditures. When referencing the project narrative please provide a page number.**

<b>CODE/BUDGET CATEGORY</b>	<b>EXPLANATION OF EXPENDITURES IN THIS CATEGORY</b>
Code 15 <b>Professional Salaries</b>	
Code 16 <b>Support Staff Salaries</b>	
Code 40 <b>Purchased Services</b>	

CODE/BUDGET CATEGORY	EXPLANATION OF EXPENDITURES IN THIS CATEGORY
Code 45 <b>Supplies and Materials</b>	
Code 46 <b>Travel Expenses</b>	
Code 80 <b>Employee Benefits</b>	
Code 90 <b>Indirect Cost</b>	

<b>CODE/BUDGET CATEGORY</b>	<b>EXPLANATION OF EXPENDITURES IN THIS CATEGORY</b>
Code 49 <b>BOCES Services</b>	
Code 30 <b>Minor Remodeling</b>	
Code 20 <b>Equipment</b>	

## Performance Data Report

**SECTION A - Performance Objectives Information and Related Performance Measures Data.** Use as many pages as necessary.)

**1. Project Objective**     Check if this is a status update for the previous budget period.

<b>a. School Leadership and Governance Structures and Functions</b> <b>b. Curriculum and Instruction ( and implementation of the Common Core Learning Standards)</b> <b>c. Data-driven Inquiry and the Use of Common Interim Assessment Data to Improve Student Achievement</b> <b>d. School Climate, Culture, and Discipline</b> <b>e. Annual Professional Performance Review of Teachers and Principals in the full implementation of Education Law 3012c</b> <b>f. Use of Time Throughout the School Day and After School to Improve Instructional and Enrichment Opportunities</b> <b>g. Meeting the Needs of Unique Student Populations</b>																						
<b>Key Strategies</b>																						
•																						
•																						
•																						
										<b>Timeline</b>												
										(mark or shade-in the box representing the month in which the key action or event will occur)												
<b>Key Actions / Events / Outputs</b> <small>(please which performance metrics a particular action is intended to impact upon)</small>										<b>Lead Responsible</b>	<b>July 2012</b>	<b>Aug 2012</b>	<b>Sept. 2012</b>	<b>Oct. 2012</b>	<b>Nov. 2012</b>	<b>Dec. 2012</b>	<b>Jan. 2013</b>	<b>Feb. 2013</b>	<b>Mar. 2013</b>	<b>Apr. 2013</b>	<b>May 2013</b>	<b>June 2013</b>
<b>Quarterly Indicators of Success</b>										<small>(identify leading, academic, and school-design metrics that will provide early evidence of meeting annual performance targets)</small>												
Quarter 1 July – September																						
Quarter 2 October – December																						
Quarter 3 January – March																						
Quarter 4 April – June																						

**2. Project Summative Statements**

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**SECTION B - Explanation of Progress** (Include Qualitative Data and Data Collection Information)

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**SECTION C - Budget Information** (See Instructions. Use as many pages as necessary.)

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**SECTION D - Additional Information** (See Instructions. Use as many pages as necessary.)

**Request for Funds FS-25**

	<b>Project #</b>		<b>Contract #</b>
	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
<b>Agency Code:</b>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
<b>Funding Source:</b>	_____		
<b>Agency Name:</b>	_____		
<b>Mailing Address:</b>	_____		
	<i>Street</i>		
	_____	_____	_____
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<b>Contact Person:</b>	_____		<b>Telephone:</b> _____
<b>E-Mail Address</b>	_____		<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> MONTH YEAR

**CHIEF ADMINISTRATOR'S CERTIFICATION**  
*I hereby certify that all information reported herein is true and accurate.*

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

1. Amount of Approved Budget (Include approved amendments)	\$ <input style="width: 90%;" type="text"/>
2. Project Payments Received to Date	\$ <input style="width: 90%;" type="text"/>
3. Project Cash Expenditures to Date	\$ <input style="width: 90%;" type="text"/>
4. Cash Expenditures Anticipated During Next Month	\$ <input style="width: 90%;" type="text"/>
5. Additional Funds Requested (Entries 3 plus 4 minus 2)	\$ <input style="width: 90%;" type="text"/>

<b>FOR DEPARTMENT USE ONLY</b>		
	<b>Fiscal Year</b>	<b>Payment Split</b>
<b>Voucher #</b> _____	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
<b>Finance:</b> <input style="width: 40px; height: 20px;"/> <input style="width: 40px; height: 20px;"/>	_____	\$ _____
<b>Log</b> <b>MIR</b>	_____	\$ _____

## Instructions

Use this form to request funds from a grant approved by the State Education Department. Before submitting a request to Grants Finance, local agency staff must have a clear understanding of the policies and procedures regarding payments for federal and State grants. The Department will consider the Chief Administrator's signature on the form to be confirmation of the agency's knowledge of and agreement to meet the requirements. The requirements that must be met in order to receive funds using form FS-25 are addressed in Grants Finance's Fiscal Guidelines for Federal and State Grants at <http://www.oms.nysed.gov/cafe/guidance/>.

Please review your agency's budget, amendment, expenditure and payment records prior to completing the FS-25.

Line 1 - Amount of Approved Budget: Enter the total amount of the approved budget plus any approved budget amendments.

Line 2 – Project Payments Received to Date: Enter the total of any payments received by the agency for this particular grant.

Line 3 – Project Cash Expenditures to Date: Enter the total amount of actual expenditures made under this grant.

Line 4 – Cash Expenditures Anticipated During the Next Month: Request only what is needed to support grant activities during the next month, minimizing the time between receipt of the funds and disbursement. Enter zero if the grant program is reimbursement only or if your agency is receiving payments on a reimbursement-only basis.

Line 5 – Additional Funds Requested: Add lines 3 and 4, then subtract 2. Enter the result in line 5. If line 5 is zero or less, do not submit a form FS-25.

Please use whole dollar amounts.

Send one copy with original signature directly to Grants Finance for each grant. For Special Legislative Projects, send one original and two copies to Grants Finance.