BUDGET SUMMARY

| SUBTOTAL | CODE | PROJECT COSTS |
|------------------------|---------|---------------|
| Professional Salaries | 15 | 2,032,236 |
| Support Staff Salaries | 16 | 0 |
| Purchased Services | 40 | 1,266,263 |
| Supplies and Materials | 45 | 0 |
| Travel Expenses | 46 | 0 |
| Employee Benefits | 80 | 485,298 |
| Indirect Cost | 90 | 102,198 |
| BOCES Services | 49 | 146,000 |
| Minor Remodeling | 30 | 0 |
| Equipment | 20 | 0 |
| Gran | d Total | 4,031,995 |

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

un Nelms, Superintendent East Upper & Lower
Name and Title of Chief Administrative Officer

| Agency Code: | 261600010000 |
|--------------|--------------------------------|
| Project #: | 2 |
| Contract #: | |
| | |
| Agency Name: | Rochester City School District |
| AST EPO | |

| EAST EPO | | | | | |
|--------------------|-------------------------|---------------|--|--|--|
| | | | | | |
| FOR D | FOR DEPARTMENT USE ONLY | | | | |
| Funding Dates: _ | From | То | | | |
| Program Approval: | Date | : | | | |
| | | | | | |
| <u>Fiscal Year</u> | First Payment | <u>Line #</u> | | | |
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| Voucher # | Firs | t Payment | | | |

| SALARIES F | OR PROFESSION | ONAL STAFF | |
|---|---|--|-------------|
| | | Subtotal - Code 15 | \$2,032,236 |
| Specific Position Title | Full-Time Equivalent | Annualized Rate of Pay | |
| Teachers (expanded learning time each school day) | Per EPO Receivership Agreement with Rochester Teachers Association (page 7) | \$37/hr x 1.5 hours x 185.5 teachers x 185 days | \$1,904,621 |
| Administrators additional responsibility | | 16.0 Administrators @ 8% of projected salary (excludes EPO Superintendent) | \$127,615 |
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| | PURCHASED SERVI | CES | |
|--|--|---|-------------------------|
| | | Subtotal - Code 40 | \$1,266,263 |
| Description of Item | Provider of Services | Calculation of Cost | Proposed Expenditure |
| Actual and necessary expenses of the University of Rochester as East Receiver | University of Rochester | Direct costs of faculty time devoted to EPO and direct billable costs to the University for legal, financial, and consultant services | \$496,279 |
| Professional Development | Warner Center and other individual consultants | Based on individual consultant agreements | \$150,000 |
| Evaluation | West Ed | Includes formative and summative assessment | \$252,000 |
| Support Student Health Center and School Counseling/Alternative to Suspension Program to ensure academic, emotional, & social success of East students | Center for Youth Services | Based on contract agreements | \$245,000 |
| Provides professional development services for teacher coaching, planning, and classroom management | Expeditionary Learning | Based on contract agreements | \$122,984 |
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| | Employee Benefits | |
|------------------------------|--------------------------|---------------------------------------|
| | Subtotal - Code 80 | \$485,298 |
| | Benefit | Proposed Expenditure |
| Social Security | | \$155,466 |
| | New York State Teachers | \$287,155 |
| Retirement | New York State Employees | \$0 |
| | Other - Pension | |
| Health Insurance | | \$0 |
| Worker's Compensation | | \$32,516 |
| Unemployment Insurance | | \$10,161 |
| Other(Identify) | | |
| Civil Service Life Insurance | | \$0 |
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| | INDIRECT COST | |
|----|--|-------------|
| | 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 | \$2,762,103 |
| B. | Approved Restricted Indirect Cost Rate | 3.70% |
| C. | Subtotal - Code 90 | \$102,198 |

For your information, maximum direct cost base =

\$3,783,797

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.

| PURCHASED SERVICES WITH BOCES | | | | |
|-------------------------------|--|---|--|--|
| Subtotal - Code 49 \$146 | | | | |
| Name of BOCES | Calculation of Cost | Proposed Expenditure | | |
| Monroe #1 BOCES | Salary expense for nurse and health aide | \$146,000 | | |
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| | Name of BOCES | Name of BOCES Calculation of Cost Salary expense for nurse and health | | |