**Syracuse City School District – New York State Funded Pre-Kindergarten Programs**

for the 2021-2022 School Year

**Agency Budget Form**

|  |
| --- |
| **Please complete a *separate* form for each program you are applying to*:*** |
| **(check ONE)**[ ] UPK [ ] SUFDPK |

**(# Students X $ Rate = $ Total)**

**\*RATES ASSUME MINIMUM 180 INSTRUCTION DAYS & FULL FUNDING AMOUNT FROM NYS\***

|  |
| --- |
| **UPK Budget** |
| **Program** | **#** |  | **$ Rate** |  | **$ Total** |
| **Proposed 3 Year Old FD Seats** |  | **X** | **$6,500** | **=** |  |
| **Proposed 3 Year Old HD Seats** |  | **X** | **$4,500** | **=** |  |
| **Proposed 4 Year Old FD Seats** |  | **X** | **$5,655** | **=** |  |
| **Proposed 4 Year Old HD Seats** |  | **X** | **$3,500** | **=** |  |

|  |
| --- |
| **SUFDPK Budget** |
| **Program** | **#** |  | **$ Rate** |  | **$ Total** |
| **Conversion** |  | **X** | **$3,750** | **=** |  |
| **New** |  |  | **$8,000** |  |  |

* **# of Statewide seats should reflect 2019-2020 School Year**

**Total Proposed Budget Request = $**

**Please provide a narrative description of reasonable, appropriate and necessary expenditures:**

**Profession salaries detail:**

 **Total dollar amount for professional salaries = $**

**Supplies and materials detail:**

 **Total dollar amount for supplies & materials = $**

**Purchases services detail:**

 **Total dollar amount for purchased services = $**

**Program Director Signature: Date:**

**Chief Executive Officer Signature: Date:**