

= Required Field

Local Agency Information			
Funding Source:	American Rescue Plan - State Reserve - Summer Learning & Enrichment		
Report Prepared By:	Jennfier Schildkraut		
Agency Name:	William Floyd School District		
Mailing Address:	240 Mastic Beach Road		
	Street		
	Mastic Beach	NY	11951
	City	State	Zip Code
Telephone # of Report Preparer:	(631) 874-1696	County: Suffolk	
E-mail Address:	jschildkraut@wfsd.k12.ny.us		
Project Funding Dates:	3/13/2020 Start	9/30/2024 End	

INSTRUCTIONS

- 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		\$491,820
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Middle School Summer Enrichment Teachers - Summer 2021	20 Teachers / 3 hours per day / 7 weeks (4 days per week)	\$70.00	\$117,600
Middle School Summer Enrichment Teachers - Summer 2022	20 Teachers / 3 hours per day / 7 weeks (4 days per week)	\$72.00	\$120,960
Middle School Summer Enrichment Teachers - Summer 2023	20 Teachers / 3 hours per day / 7 weeks (4 days per week)	\$74.25	\$124,740
Middle School Summer Enrichment Teachers - Summer 2024	20 Teachers / 3 hours per day / 7 weeks (4 days per week)	\$76.50	\$128,520

PURCHASED SERVICES			
Subtotal - Code 40			\$804,500
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Learning Loss and Enrichment Program - 8 Saturdays - Estimate 200 Elementary and Secondary students- 2021/22	SCOPE	\$50/student; Est 200 students; 8 days	\$80,000
Learning Loss and Enrichment Program - 8 Saturdays and 15 days during School Breaks - Estimate 300 Elementary and Secondary students- 2022/23	SCOPE	\$50/student; Est 300 students; 23 days	\$345,000
Learning Loss and Enrichment Program - 8 Saturdays and 15 days during School Breaks - Estimate 300 Elementary and Secondary students- 2023/24	SCOPE	\$55/student; Est 300 students; 23 days	\$379,500

Employee Benefits		
Subtotal - Code 80		\$88,442
Benefit		Proposed Expenditure
Social Security		\$30,493
Retirement	New York State Teachers	\$50,818
	New York State Employees	
	Other - Pension	
Health Insurance		
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		
Medicare		\$7,131
Life Insurance		

PURCHASED SERVICES WITH BOCES			
Subtotal - Code 49			\$43,838
Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
Buncee - 2021/22 - est 322 licenses @ 35.50 plus approx 25% in BOCES fees	Eastern Suffolk BOCES	\$14,279.00	\$14,279
Buncee - 2022/23 - est 322 licenses @ 36.00 plus approx 25% in BOCES fees	Eastern Suffolk BOCES	\$14,564.58	\$14,565
Buncee - 2021/22 - est 322 licenses @ 37.00 plus approx 25% in BOCES fees	Eastern Suffolk BOCES	\$14,994.28	\$14,994

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$491,820
Support Staff Salaries	16	
Purchased Services	40	\$804,500
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$88,442
Indirect Cost	90	
BOCES Services	49	\$43,838
Minor Remodeling	30	
Equipment	20	
Grand Total		\$1,428,600

Agency Code: **580232030000**

Project #: **5882-21-3025**

Contract #: _____

Agency Name: **William Floyd 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).

3/19/21 _____
 Date Signature

Kevin Coster, Superintendent of Schools
 Name and Title of Chief Administrative Officer

Finance: Logged _____

Approved _____

MIR _____