

= Required Field

Local Agency Information

Funding Source:	ARP-ESSER Summer Learning & Enrichment		
Report Prepared By:	Mary O'Neill		
Agency Name:	Westbury UFSD		
Mailing Address:	2 Hitchcock Lane		
	Street		
	Old Westbury	NY	11568
	City	State	Zip Code

Telephone # of Report Preparer:	516-874-1800	County:	Nassau
E-mail Address:	moneill@westburyschools.org		

Project Funding Dates: 3/13/2020 9/30/2024
 Start 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			\$522,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Teacher - Summer 2022	15.00	\$9,600	\$144,000
Teaching Assistand Summer 2022	5.00	\$3,000	\$15,000
Teacher - Summer 2023	15.00	\$9,600	\$144,000
Teaching Assistand Summer 2023	5.00	\$3,000	\$15,000
Summer School Principal 2022	1.00	\$5,000	\$5,000
Summer School Principal 2023	1.00	\$5,000	\$5,000
Teaching Assistand Summer 2024	15.00	\$3,000	\$45,000
Summer School Principal 2024	1.00	\$5,000	\$5,000
Teacher Summer 2024	15.00	\$9,600	\$144,000

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$81,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
School Nurse - Summer 2022	1.00	\$6,000.00	\$6,000
School Monitors - Summer 2022	6.00	\$3,000.00	\$18,000
Clerical Support Summer 2022	1.00	\$3,000.00	\$3,000
School Nurse - Summer 2023	1.00	\$6,000.00	\$6,000
School Monitors - Summer 2023	6.00	\$3,000.00	\$18,000
Clerical Support Summer 2023	1.00	\$3,000.00	\$3,000
School Nurse - Summer 2024	1.00	\$6,000.00	\$6,000
School Monitors - Summer 2024	6.00	\$3,000.00	\$18,000
Clerical Support Summer 2024	1.00	\$3,000.00	\$3,000

SUPPLIES AND MATERIALS

	Subtotal - Code 45	\$90,000
--	--------------------	-----------------

Description of Item	Quantity	Unit Cost	Proposed Expenditure
Summer School Materials for each building Summer 2022 - workbooks, textbooks, caclulators,	500.00	\$60.00	\$30,000
Summer School Materials for each building Summer 2023	500.00	\$60.00	\$30,000
Summer School Materials for each building Summer 2024	500.00	\$60.00	\$30,000

Employee Benefits		
Subtotal - Code 80		\$112,280
Benefit		Proposed Expenditure
Social Security		\$46,130
Retirement	New York State Teachers	\$54,810
	New York State Employees	\$11,340
	Other - Pension	
Health Insurance		
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

PURCHASED SERVICES WITH BOCES			
Subtotal - Code 49			\$623,320
Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
SPED Summer School 2021	Nassau BOCES	13.4 students @ 4801 (30 days @ 6 hrs per day)	\$64,334
Reading Program	Nassau BOCES	191.65 students at 928.01 (7/6- 7/30/21 @ 4 hours per day)	\$177,854
Regular Ed Summer School	Nassau BOCES	706 students at 539.85 (7/6-8/5/21)	\$381,132

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$522,000
Support Staff Salaries	16	\$81,000
Purchased Services	40	
Supplies and Materials	45	\$90,000
Travel Expenses	46	
Employee Benefits	80	\$112,280
Indirect Cost	90	
BOCES Services	49	\$623,320
Minor Remodeling	30	
Equipment	20	
Grand Total		\$1,428,600

Agency Code: **280401030000**

Project #: **5882-21-1620**

Contract #: _____

Agency Name: **Westbury UFSD**

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

<u>Fiscal Year</u>	<u>First Payment</u>	<u>Line #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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).

3/8/22 _____
 Date Signature

Tahira DePree Chase *Superintendent*
 Name and Title of Chief Administrative Officer