## The University of the State of New York THE STATE EDUCATION DEPARTMENT

## PROPOSED BUDGET FOR A FEDERAL OR STATE PROJECT FS-10 (03/15)

4/14/2021

= Required Field

	Local Agency Inf	ormation		
Funding Source:	SSER			er Van Talenda
Report Prepared By:	YNE M. TAYLOR			
Agency Name:	WESTBURY UFSD			
Mailing Address:	HITCHGOCK LANE	Street		
	WESTBURY City	NY State	11568 Zip Code	
Telephone # of port Preparer: \$516-874-18	03	unty: NASS	and the second s	
mail Address: LMTAYLOR		SORG		
Project Funding Dates:	3/13/2020 Start		9/30/2022 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 PROFESSION	ONAL STAFF	
		Subtotal - Code 15	\$96,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
COVID-19 COORDINATOR	0.80	\$120,000	\$96,000

SALARI	ES FOR SUPPO	ORT STAFF			
	Subtotal - Code 16				
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary		

	PURCHASED SERV	ICES	
		Subtotal - Code 40	\$181,250
Description of Item	Provider of Services	Calculation of Cost P	roposed Expenditure
Installation of window screens to allow for natural ventilation in COVID-19 environment	Alert Glass	\$25,000 per building	\$150,000
Installation of touchless water fountains	Seaford Avenue Plumbing	6 @\$5,208	\$31,250

SUPPLIES AND MATERIALS			
		Subtotal - Code 45	\$161,943
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Ocean Janitorial (Supplies to clean and sanitize-masks, gloves, sanitizer, sanitizer stands)	50,000	\$1.08	\$54,000
Knight Marketing (Supplies to clean and sanitize-electrostatic sprayers, spray 9)	15	\$1,250.00	\$18,750
Resources to principals to address the needs of their buildings	6	\$12,000.00	\$72,000
St. Aiden East (purchasing supplies to sanitize and clean)	5	\$235.52	\$1,178
St. Aiden West (purchasing supplies to sanitize and clean)	5	\$235.52	\$1,178
Notra Dame (purchasing supplies to sanitize and clean)	4	\$235.52	\$942
Martin De Porres (provide school leadership support (\$589), purchasing supplies to sanitize and clean (\$588), purchase educational technology (\$589), and other activities to maintain operation (\$589))	10	\$235.52	\$2,355
Trinity Lutheran (purchasing supplies to sanitize and clean)	10	\$235.52	\$2,355
St. Brigid's (purchasing supplies to sanitize and clean)	37	\$235.52	\$8,714
Holy Child Academy (purchasing supplies to sanitize and clean)	2	\$235.52	\$471

TRAVEL EXPENSES				
Subtotal - Code 46				
Destination and Purpose	Calculation of Cost	Proposed Expenditures		
		Subtotal - Code 46  Calculation of		

	Eı	mployee Benefits	
		Subtotal - Code 80	
	Benef	it	Proposed Expenditure
Social Security			
	ē	New York State Teachers	
Retirement		New York State Employees	
		Other - Pension	
Health Insurance	18		
Worker's Compensation	V 11 840		
Unemployment Insurance			
Other(Identify)		Mary marked to a constant of the first of	
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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	
B.	Approved Restricted Indirect Cost Rate	
C.	Subtotal - Code 90	

For your information, maximum direct cost base =

\$439,192.96

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.

PÚI	RCHASED SERVICES V	VITH BOCES	
		Subtotal - Code 49	\$531,159
Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
Chromebooks (1sy year payment)	NASSAU	1200 @ \$419.88	\$503,857
Nearpod software (interactive lessions and formative assessments for remote learning environment)	NASSAU	93% of \$29,417	\$27,302

4/14/2021

MINOR REMO	DELING		
	Subtotal - Code 30		
Description of Work to be Performed	Calculation of Cost	Proposed Expenditure	
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EQUIPMENT		
	Subtotal - Code 20	
Quantity	Unit Cost	Proposed Expenditure
South of the Control		
		Subtotal - Code 20

## **BUDGET SUMMARY**

SÚBTOTAL	CODE	PROJECT COSTS
ofessional Salaries	15	\$96,000
Support Staff Salaries	16	
Purchased Services	40	\$181,250
Supplies and Materials	45	\$161,943
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	\$531,159
Minor Remodeling	30	
Equipment	20	
Gran	d Total	\$970,352

Agency Code:	280401
Project #:	5890-21-1620
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Contract #:	
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Agency Name:	WESTBURY UFSD
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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).

4 14,2021	Qualstra
Date	Signature
Eudes . Superi	5 Budhai n tendent of Chief Administrative Officer
Name and Title	of Chief Administrative Officer

9:09 AM

FOR DE	PARTMENT USE	ONLY
Funding Dates:	From	То
Program Approval:		Date:
Fiscal Year	First Payment	<u>Line #</u>
Voucher#		First Payment

inance:	Logged	Approved	MIR	
	A	Page 13		4/14/202