

☐ = Required Field

Local Agency Information

Funding Source: GEER

Report Prepared By: LYNE M. TAYLOR

Agency Name: WESTBURY UFSD

Mailing Address: 2 HITCHCOCK LANE

Street

WESTBURY

NY

11568

City

State

Zip Code

**Telephone # of
Report Preparer:** 516-874-1803

County: NASSAU

E-mail Address: LMTAYLOR@WESTBURYSCHOOLS.ORG

Project Funding Dates: 3/13/2020 9/30/2022
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

Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
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SALARIES FOR SUPPORT STAFF

Subtotal - Code 16			
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary

PURCHASED SERVICES

Subtotal - Code 40

Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure

SUPPLIES AND MATERIALS

Subtotal - Code 45			\$68,458
Description of Item	Quantity	Unit Cost	Proposed Expenditure
IPADS	62.00	\$625.00	\$38,750
Chromebooks	64.00	\$419.88	\$26,872
St. Aiden East (continue provision of educational services to students by ensuring safe environment)	5.00	\$39.94	\$200
St. Aiden West (continue provision of educational services to students by ensuring safe environment)	5.00	\$39.94	\$200
Notra Dame (continue provision of educational services to students by ensuring safe environment)	4.00	\$39.94	\$160
Martin De Porres (continue provision of educational services to students by ensuring safe environment)	10.00	\$39.94	\$399
Trinity Lutheran (continue provision of educational services to students by ensuring safe environment)	10.00	\$39.94	\$399
St. Brigid's (continue provision of educational services to students by ensuring safe environment)	37.00	\$39.94	\$1,478

TRAVEL EXPENSES

Subtotal - Code 46

Position of Traveler	Destination and Purpose	Calculation of Cost	Proposed Expenditures

Employee Benefits		
Subtotal - Code 80		
Benefit		Proposed Expenditure
Social Security		
Retirement	New York State Teachers	
	New York State Employees	
	Other - Pension	
Health Insurance		
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

INDIRECT COST

A.	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 = \$68,458.06

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

\$96,000

Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
IXL Software	NASSAU	50% OF \$34931	\$17,560
Newsela Software	NASSAU	\$78,440.00	\$78,440

MINOR REMODELING

Subtotal - Code 30

Description of Work to be Performed	Calculation of Cost	Proposed Expenditure

EQUIPMENT			
Subtotal - Code 20			
Description of Item	Quantity	Unit Cost	Proposed Expenditure

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	\$68,458
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	\$96,000
Minor Remodeling	30	
Equipment	20	
Grand Total		\$164,458

Agency Code:

280401

Project #:

5895-21-1620

Contract #:

Agency Name:

FOR DEPARTMENT USE ONLY

Funding Dates:

From

To

Program Approval:

Date:

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).

4/12/2021 

Date

Signature

Frances Budhai SUPERINTENDENT

Name and Title of Chief Administrative Officer

Fiscal Year

First Payment

Line #

Voucher #

First Payment

Finance: Logged _____

Approved _____

MIR _____