

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

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

= Required Field

Local Agency Information		
Funding Source:	ARP-ESSER 5% State Level Reserves	
Report Prepared By:	Richard J. Zwycewicz	
Agency Name:	East Islip Union Free School District	
Mailing Address:	1 Craig B. Gariepy Avenue	
	Street	
	Islip Terrace	NY 11752
	City	State Zip Code
Telephone # of Report Preparer:	631.224.2080	County: Suffolk
E-mail Address:	richard.zwycewicz@eischools.org	
Project Funding Dates:	3/13/2020 Start	9/30/2024 End

Received
 JAN 26 2021
 Office of Accountability



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			\$518,320
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Before & Afterschool Programs to Address Learning Loss	20 teachers	116 hours @ \$68/hour	\$157,760
Summer Learning and Enrichment	25 teachers	180 hours @ \$68/hour	\$306,000
High Quality Tutoring	8 Tutors	31 days @ \$220 per day	\$54,560

SUPPLIES AND MATERIALS

Subtotal - Code 45			\$70,105
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Newsela Instructional Content Platform	District Subscription	3371 students X \$20.80 per student = \$70,105	\$70,105

CF121
 ENTRY DATE 04/05/22
 PROJECT 5884213120
 SED CODE 580503030000
 NYC DOC #

GRANTS FINANCE
 PROJECT STATUS REPORT
 ARP SLR LEARNING LOSS
 EAST ISLIP UFSD

RUN DATE 04/05/22

BUDGET DETAIL INFORMATION

PROF SALARY	15	518,320.00	BEGIN DATE	03/13/20
NON PROF SALARY	16	0.00	END DATE	09/30/24
PURCH SERVICES	40	0.00	AMENDMENT #	
SUPP & MATERIAL	45	70,105.00	CONTRACT #	
TRAVEL EXPENSE	46	0.00	STOP DATE	
EMP BENEFITS	80	0.00	REFUND CHECK #	
INDIRECT COST	90	0.00	IND COST RATE	12.0
BOCES SERVICES	49	0.00	INT ELIG	N
REMODELING	30	0.00		
EQUIPMENT	20	0.00		

BUDGET SUMMARY INFORMATION

FUNDYEAR	BUDGET SPLITS	PAID TO DATE	OUTSTANDING ENC
588421	588,425.00	117,685.00	470,740.00
588420	0.00	0.00	0.00
588419	0.00	0.00	0.00
	0.00	0.00	0.00
	0.00	0.00	0.00
TOTAL	588,425.00	117,685.00	470,740.00

LOG AND CONTRACT DATES

	RECEIVED	ENTERED	CONTRACT	APPROVED
BUDGET	03/29/22	04/01/22		
INTERIM				
FINAL				

CASH DETAIL

ENTRY	DOC #	TRANS	ENC	RPT	LINE	AMOUNT	FUNDYR	MIR	PD	DT	STAT
040522	568651F	INIT	000	04/22	01	117,685.00	588421	040522			ENT

THIS BUDGET HAS BEEN PROCESSED BY THE NEW YORK STATE
 EDUCATION DEPARTMENT. THIS SUMMARY REPLACES THE SIGNED COPY.

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$513,040
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	\$70,041
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$583,081

Agency Code: **580503030000**

Project #: **5884-21-3120**

Contract #: _____

Agency Name: **East Islip 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).

1/18/2022 _____
 Date Signature

John V. Dolan, Superintendent
 Name and Title of Chief Administrative Officer