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

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

[green box] = Required Field

Local Agency Information

Funding Source: ARP-ESSER 1% State Level Reserves - Comprehensive After School

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

Received JAN 26 2021 Office of Accountability

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

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	$117,688
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Before & Afterschool Programs to Address Learning Loss	15 teachers	114 hours @ $68/hour 68.82/hr	$117,688

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CF121                            GRANTS FINANCE
ENTRY DATE 03/31/22        PROJECT STATUS REPORT        RUN DATE 03/31/22
PROJECT    5883213120      ARP SLR COMPREHENSIVE AFTER SCHOOL
SED CODE   580503030000    EAST ISLIP UFSD
NYC DOC #
                         BUDGET DETAIL INFORMATION
PROF SALARY      15      117,688.00   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           0.00    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
 588321            117,688.00           23,537.00           94,151.00
 588320                 0.00                0.00                0.00
 588319                 0.00                0.00                0.00
                        0.00                0.00                0.00
                        0.00                0.00                0.00
   TOTAL           117,688.00           23,537.00           94,151.00

                       LOG AND CONTRACT DATES
              RECEIVED        ENTERED                   APPROVED
BUDGET        03/29/22        03/30/22    CONTRACT
INTERIM
FINAL

                            CASH DETAIL
ENTRY   DOC #    TRANS ENC  RPT  LINE      AMOUNT      FUNDYR  MIR    PD DT  STAT
033122  568335F  INIT  000 03/22 01       23,537.00   588321 032922         ENT
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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	$118,320
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		$118,320

Agency Code: 580503030000

Project #: 5883-21-3120

Contract #:

Agency Name: East Islip UFSD

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

FOR DEPARTMENT USE ONLY

Funding Dates: _____ _____
From   To

Program Approval: _____ Date: _____

Fiscal Year	**First Payment**	**Line #**

Voucher # _____ First Payment _____