

= Required Field

Local Agency Information		
Funding Source:	ARP-ESSER 1% STATE LEVEL AFTER SCH	
Report Prepared By:	DR. BETH RELLA	
Agency Name:	MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT	
Mailing Address:	8 43RD STREET	
	Street	
	CENTEREACH	NY 11720
	City	State Zip Code
Telephone # of Report Preparer:	631-285-8020	County: SUFFOLK
E-mail Address:	brella@mccsd.net	
Project Funding Dates:	3/13/2020	9/30/2024
	Start	End

INSTRUCTIONS
<ul style="list-style-type: none"> ● 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 SUPPORT STAFF

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

PURCHASED SERVICES

			Subtotal - Code 40	\$280,000
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure	
EXTENDED DAY TRANSPORTATION 2122	SUFFOLK TRANSPORTATION	\$92/VAN -21 VANS/ 49.171 DAYS	\$95,000	
EXTENDED DAY TRANSPORTATION 2223	SUFFOLK TRANSPORTATION	\$92/VAN -21 VANS/ 49.171 DAYS	\$95,000	
EXTENDED DAY TRANSPORTATION 2324	SUFFOLK TRANSPORTATION	\$92/VAN -21 VANS/ 46.583 DAYS	\$90,000	

SUPPLIES AND MATERIALS

Subtotal - Code 45

\$28,000

Description of Item	Quantity	Unit Cost	Proposed Expenditure
INDIVIDUAL STUDENT SUPPLIES 21-22 FOR ELEM SCHOOL EXTENDED DAY	10 SCHOOLS	\$1,000 PER SCHOOL	\$10,000
INDIVIDUAL STUDENT SUPPLIES 22-23 FOR ELEM SCHOOL EXTENDED DAY	10 SCHOOLS	\$1,000 PER SCHOOL	\$10,000
INDIVIDUAL STUDENT SUPPLIES 23-24 FOR ELEM SCHOOL EXTENDED DAY	10 SCHOOLS	\$ 800 PER SCHOOL	\$8,000

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

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$450,000
Support Staff Salaries	16	
Purchased Services	40	\$280,000
Supplies and Materials	45	\$28,000
Travel Expenses	46	
Employee Benefits	80	\$75,499
Indirect Cost	90	\$0
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$833,499

Agency Code:	58021106000
Project #:	5883-21-XXXX
Contract #:	
Agency Name:	MIDDLE COUNTRY CSD

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

Fiscal Year	First Payment	Line #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
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).

02 10312022 *Roberta A. Gerald*
 Date Signature
Roberta A. Gerald, Ed.D.
Superintendent of Schools
Name and Title of Chief Administrative Officer