

= Required Field

Local Agency Information		
<b>Funding Source:</b>	ARP-ESSER 5% STATE LEVEL LEARN LOSS	
<b>Report Prepared By:</b>	DR. BETH RELLA	
<b>Agency Name:</b>	MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT	
<b>Mailing Address:</b>	8 43RD STREET	
	Street	
	CENTEREACH	NY 11720
	City	State Zip Code
<b>Telephone # of Report Preparer:</b>	631-285-8020	<b>County:</b> SUFFOLK
<b>E-mail Address:</b>	brella@mccsd.net	
<b>Project Funding Dates:</b>	3/13/2020 Start	9/30/2024 End

INSTRUCTIONS
<ul style="list-style-type: none"> <li>● 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.</li> <li>● The Chief Administrator's Certification on the Budget Summary worksheet must be signed by the agency's Chief Administrative Officer or properly authorized designee.</li> <li>● 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.</li> <li>● For information on budgeting refer to the Fiscal Guidelines for Federal and State Aided Grants at <a href="http://www.oms.nysed.gov/cafe/guidance/">http://www.oms.nysed.gov/cafe/guidance/</a>.</li> </ul>

**SALARIES FOR PROFESSIONAL STAFF**

			Subtotal - Code 15	\$1,986,641
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary	
ELEMENTARY TEACHERS 2021-22	10.00	\$70,000	\$700,000	
ELEMENTARY TEACHERS 2022-23	10.00	\$75,000	\$750,000	
GRADE 1 PE TEACHER 2021-22	0.80	\$65,000	\$52,000	
GRADE 1 PE TEACHER 2022-23	0.80	\$66,300	\$53,040	
GRADE 1 PE TEACHER 2023-24	0.80	\$67,626	\$54,101	
TEAM LEADERS 21-22	16.00	\$1,000	\$16,000	
TEAM LEADERS 22-23	16.00	\$1,000	\$16,000	
TEAM LEADERS 23-24	16.00	\$1,000	\$16,000	
MENTOR TEACHER STIPENDS 21-22	2.00	\$4,500	\$9,000	
MENTOR TEACHER STIPENDS 22-23	2.00	\$4,500	\$9,000	
MENTOR TEACHER STIPENDS 23-24	2.00	\$4,500	\$9,000	
MS MATH SUPPORT TEACHERS 21-22	1.50	\$65,000	\$97,500	
MS MATH SUPPORT TEACHERS 22-23	1.50	\$70,000	\$105,000	
SCHOOL PSYCHOLOGIST	1.00	\$90,000	\$90,000	
DEAN FOR MIDDLE SCHOOL	2.00	\$5,000	\$10,000	



PURCHASED SERVICES			
			Subtotal - Code 40
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure

**SUPPLIES AND MATERIALS**

Subtotal - Code 45

**\$1,348,000**

Description of Item	Quantity	Unit Cost	Proposed Expenditure
TEXTBOOKS ELA 2021-2022	4000.00	\$50.00	\$200,000
TEXTBOOKS MATH 2022-2023	4000.00	\$50.00	\$200,000
INSTRUCTIONAL PROGRAM 21-22	5700.00	\$55.4386	\$316,000
INSTRUCTIONAL PROGRAM 22-23	5700.00	\$55.4386	\$316,000
INSTRUCTIONAL PROGRAM 23-24	5700.00	\$55.4386	\$316,000



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	\$4,059,910
B.	Approved Restricted Indirect Cost Rate	2.00%
C.	Subtotal - Code 90	\$81,198

For your information, maximum direct cost base = \$4,086,180.80

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.

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



### BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$1,986,641
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	\$1,348,000
Travel Expenses	46	
Employee Benefits	80	\$751,540
Indirect Cost	90	\$81,198
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
<b>Grand Total</b>		<b>\$4,167,379</b>

Agency Code:	580211060000
Project #:	5884-21-XXXX
Contract #:	
Agency Name:	MIDDLE COUNTRY CSD

#### FOR DEPARTMENT USE ONLY

Funding Dates: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Program Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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

02/23/2022 Roberta A. Gerald  
 Date Signature

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