

= Required Field

Local Agency Information		
Funding Source:	ARP-ESSER 1% STATE LEVEL SUMMER ENR	
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:		
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			\$150,438
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
SUMMER ENRICHMENT TEACHING SALARIES 2122	13.00	\$4,286	\$55,718
SUMMER ENRICHMENT TEACHING SALARIES 2223	10.00	\$4,372	\$43,720
SUMMER ENRICHMENT PRINCIPAL SALARIES 2122	2.00	\$5,500	\$11,000
SUMMER ENRICHMENT PRINCIPAL SALARIES 2223	2.00	\$5,500	\$11,000
SUMMER ENRICHMENT LIBRARIAN 2122	1.00	\$4,500	\$4,500
SUMMER ENRICHMENT LIBRARIAN 2223	1.00	\$4,500	\$4,500
SUMMER ENRICHMENT GUIDANCE COUNSELORS SALARIES 2122	2.00	\$5,000	\$10,000
SUMMER ENRICHMENT GUIDANCE COUNSELORS SALARIES 2223	2.00	\$5,000	\$10,000

PURCHASED SERVICES

			Subtotal - Code 40	\$635,273
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure	
SUMMER ENRICHMENT PROGRAM 2122	SCOPE	\$175 /STUDENT PER SESSION - 1919 SESSIONS	\$335,825	
SUMMER ENRICHMENT PROGRAM 2223	SCOPE	\$175 /STUDENT PER SESSION - 638.274 SESSIONS	\$111,698	
SUMMER ENRICHMENT TRANSPORTATION 2122	SUFFOLK TRANSPORTATION	40 BUSES/ 4 WEEKS/ Rate \$687.5	\$110,000	
SUMMER ENRICHMENT TRANSPORTATION 2223	SUFFOLK TRANSPORTATION	25 BUSES/ 4 WEEKS/ Rate \$687.5	\$68,750	
SUMMER ENRICH-SECURITY 2122	ARROW SECURITY	\$30.65/HR @ 146.818 HOURS	\$4,500	
SUMMER ENRICH-SECURITY 2223	ARROW SECURITY	\$30.65/HR @ 146.8189 HOURS	\$4,500	

SUPPLIES AND MATERIALS			
Subtotal - Code 45			
Description of Item	Quantity	Unit Cost	Proposed Expenditure

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	\$0
B.	Approved Restricted Indirect Cost Rate	2.00%
C.	Subtotal - Code 90	\$0

For your information, maximum direct cost base = \$833,499.00

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	\$150,438
Support Staff Salaries	16	\$18,000
Purchased Services	40	\$635,273
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$29,788
Indirect Cost	90	\$0
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$833,499

Agency Code:	580211060000
Project #:	5882-21-XXXX
Contract #:	
Agency Name:	MIDDLE COUNTRY CSD

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).

03 10 31 2022 *Roberta A. Gerold*
 Date Signature
Roberta A. Gerold, Ed.D.
Superintendent of Schools
Name and Title of Chief Administrative Officer