

☐ = Required Field

**Local Agency Information**

**Funding Source:** ARP - ESSER

**Report Prepared By:** Marianne Shields

**Agency Name:** Manhasset UFSD

**Mailing Address:** 200 Memorial Place

Street

Manhasset

NY

11030

City

State

Zip Code

**Telephone # of**  
**Report Preparer:** 516 267-7706

**County:** Nassau

**E-mail Address:** Marianne\_Shields@manhasset\_schools.org

**Project Funding Dates:** 3/13/2020 9/30/2024  
Start 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/>.

[illegible]

PURCHASED SERVICES	
1	1000000
2	2000000
3	3000000
4	4000000
5	5000000
6	6000000
7	7000000
8	8000000
9	9000000
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98	98000000
99	99000000
100	100000000

Subtotal - Code 40	
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	\$254,001
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[illegible]

## BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$452,754
Support Staff Salaries	16	
Purchased Services	40	\$254,001
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$706,755

Agency Code:	280406030000
Project #:	5580-21-1645
Contract #:	
Agency Name:	Manhasset 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).*

9/29/2021 

Date Signature

**Dr. Gaurav Passi, Acting Superintendent**  
**Name and Title of Chief Administrative Officer**

### 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	

Finance: Logged \_\_\_\_\_ Approved \_\_\_\_\_ MIR \_\_\_\_\_