

= Required Field

Local Agency Information		
Funding Source:	ARP Homeless Child and Youth-II	
Report Prepared By:	Dr. Patricia Kolodnicki	
Agency Name:	Levittown Public Schools	
Mailing Address:	LMEC- 150 Abbey Lane	
	Street	
	Levittown	NY
	11756	
	City	State
	Zip Code	
Telephone # of Report Preparer:	516-434-7060	County: Nassau
E-mail Address:	pkolodnicki@levittownschoools.com	
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/.

PURCHASED SERVICES			
Subtotal - Code 40			\$6,206
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Short term housing allocation. Funds for use of hotel/motel	Extended Stay America	\$134/night X 16 nights	\$2,144
Allocations for social worker to purchase personal items online on behalf of families	Amazon	\$204.13 gift cards for 15 families	\$3,062
Supplement for costs of summer enrichment program	SCOPE	\$100 supplement for 10 students	\$1,000

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$2,811
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Amazon backpack	45.00	\$29.99	\$1,350
Amazon Binder, 1", 3-ring binder, 4 pack	45.00	\$18.99	\$855
Amazon Basics, 5-pack, notebooks	50.00	\$9.74	\$487
Cannon, HP, or similar desktop printer	1.00	\$119.00	\$119

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	16	
Purchased Services	40	\$6,206
Supplies and Materials	45	\$2,811
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$9,017

Agency Code:

Project #:

Contract #:

Agency Name:

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).

5/12/22 
Date Signature

Dr. Tonie McDonald, Superintendent
Name and Title of Chief Administrative Officer