

= Required Field

Local Agency Information		
Funding Source:	ARP ESSER 5% State Reserve Learning Loss	
Report Prepared By:	Michele Ortiz/Dr, Patricia Kolodnicki	
Agency Name:	Levittown Public Schools	
Mailing Address:	LMEC 150 Abbey Lane	
	Street	
	Levittown	NY
	City	State
	11788	11788
	City	Zip Code
Telephone # of Report Preparer:	516-434-7056	County: Nassau
E-mail Address:	mortiz@levittownschoools.com ; 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/.

SALARIES FOR PROFESSIONAL STAFF			
Subtotal - Code 15			\$1,813,040
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Additional Secondary Level School Counselor	1.00	2 years @ \$100,000 per year	\$200,000
Math AIS Teachers	4.00	4 teachers @2 years @ \$100,000 per year	\$800,000
Part time teachers for Small Group Instruction (grades 3-5)	7.00	2 years @ \$26,520 per year	\$371,000
ENL Content Area Specialists in Social Studies and Science	2.00	2 years @ \$100,000 per year	\$400,000
Quarantined Synchronous Instruction	2.00	Approximately 6 hours per day for 170 days. 1700 total hours x \$44 per hour (approximately 2 FTE)	\$42,040

PURCHASED SERVICES			
Subtotal - Code 40			\$385,823
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
SEL Curriculum- Responsive Classroom	Responsive Classroom.org	4 training cohorts (20 teachers each) per year for two years at \$20,000 per training	\$160,000
iREADY Instructional Program (K-8)	Curriculum Associates	3292students @\$15 per student per year for 2 years	\$98,760
Challenge Day Program	Challenge Day Non Profit	Each Challenge Day program is \$12,000. 4 programs will be done (2 per high school) for a total of \$48,000	\$48,000
Specialized Reading Program expansion	Orton Gillingham Approach	8 buildings @ \$3133.88 per building	\$25,063
IXL for Reading (Grades K-8)	IXL Learning	\$13.50 per student	\$54,000

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$1,813,040
Support Staff Salaries	16	
Purchased Services	40	\$385,823
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$2,198,863

Agency Code:

Project #:

Contract #:

Agency Name:

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

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).

11/10/21 
 Date Signature

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

<u>Fiscal Year</u>	<u>First Payment</u>	<u>Line #</u>
_____	_____	_____
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Voucher #	First Payment	