The University of the State of New York THE STATE EDUCATION DEPARTMENT

PROPOSED BUDGET FOR A FEDERAL OR STATE PROJECT FS-10 (03/15)

| | = | Required | Field |
|--|---|----------|-------|
|--|---|----------|-------|

| | Local Agend | cy Information | | |
|---|---------------------------------------|----------------|-----------|--|
| Funding Source: | ARP ESSER 1% State | e Reserve Sum | mer | |
| Report Prepared By: | Michele Ortiz/Dr, Patricia Kolodnicki | | | |
| Agency Name: | Levittown Public Schools | | | |
| Mailing Address: | | | | |
| | | Street | | |
| | Levittown | NY | 11788 | |
| | City | State | Zip Code | |
| Telephone # of Report Preparer: 516-434- | 7056 | County: N | assau | |
| E-mail Address: mortiz@levittownschools.com; pkolodnicki@levittownschools.com | | | | |
| Project Funding Dates: | |) | 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/.

| SALARIES F | OR PROFESSION | ONAL STAFF | 第二年第三十 |
|------------------------------------|-------------------------|--|----------------|
| | | Subtotal - Code 15 | \$218,475 |
| Specific Position Title | Full-Time Equivalent | Annualized Rate of Pay | Project Salary |
| Grades PreK-Grade 2 Summer Support | 18.00 | 180 students (60 per grade); 6 sections per grade (18 total) for 3 hours (5 days per week for 5 weeks) for two summers | \$99,000 |
| Summer ENL Jumpstart Instruction | 10.00 | 125 hours v 10 | \$119,475 |

| | | Subtotal - Code 16 | \$24,255 |
|---------------------------------|-------------------------|---|----------------|
| Specific Position Title | Full-Time Equivalent | Annualized Rate of Pay | Project Salary |
| Summer ENL Jumpstart Nurse | 1.00 | 92.5 of 125 hours @ \$46/hour (partially funded) | \$4,255 |
| Bus Drivers for Summer Programs | 3.00 | 3 drivers @ \$3,335 per bus for 6 hours for 5 weeks for 2 summers (~\$22/hr) | \$20,000 |
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| PURCHASED SERVICES | | | | |
|----------------------------------|----------------------|--|----------------------|--|
| | | Subtotal - Code 40 | \$197,055 | |
| Description of Item | Provider of Services | Calculation of Cost | Proposed Expenditure | |
| Summer Enrichment Programs (K-8) | SCOPE | 18 teachers at hourly rate (\$43.79) x 5 hours a day for 25 days for two years | \$197,055 | |
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BUDGET SUMMARY

| SUBTOTAL | CODE | PROJECT COSTS |
|------------------------|------|---------------|
| Professional Salaries | 15 | \$218,475 |
| Support Staff Salaries | 16 | \$24,255 |
| Purchased Services | 40 | \$197,055 |
| Supplies and Materials | 45 | |
| Travel Expenses | 46 | |
| Employee Benefits | 80 | |
| Indirect Cost | 90 | |
| BOCES Services | 49 | |
| Minor Remodeling | 30 | |
| Equipment | 20 | |
| Grand Total | | \$439,785 |

| Agency Code: | 280205030000 |
|--------------|--------------------------|
| Project #: | 5882-21-1470 |
| Contract #: | |
| Agency Name: | Levittown Public Schools |

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).

Date Signature

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

| FOR DEPARTMENT USE ONLY | | | |
|-------------------------|---------------|----------|--|
| Funding Dates: | From | То | |
| Program Approval: | Date | <u> </u> | |
| Fiscal Year | First Payment | Line # | |
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| Voucher# | — First | Payment | |

| Finance: | Logged | Approved | MIR | |
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