

= Required Field

Local Agency Information			
Funding Source:	ARP-ESSER		
Report Prepared By:	Tara Ferraro		
Agency Name:	Garden City UFSD		
Mailing Address:	56 Cathedral Avenue		
	Street		
	Garden City	NY	11530
	City	State	Zip Code
Telephone # of Report Preparer:	516-478-1099	County: Nassau	
E-mail Address:	ferrarot@gcufsd.net		
Project Funding Dates:	3/13/2020 Start	9/30/2024 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			\$219,365
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Secondary Before/After School Support for Reading and Math	0.34	55.35 per hour	\$26,568
Elementary Before/After School Support for Reading and Math	0.22	55.35 per hour	\$16,797
Saturday Program-Elementary-Project Based Learning	4.00	4,000 stipend	\$16,000
Speech Teachers	2.00	\$80,000	\$160,000

PURCHASED SERVICES			
Subtotal - Code 40			\$208,000
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Summer Program-Grades 1-6 to support reading, writing and math skills	SCOPE Education Services	\$250 per student x 400 students	\$100,000
Occupational Therapy Support for grades K-1	Metro Therapy	\$70 per hour x 1542 hours	\$108,000

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$200,146
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Air Conditioners	96.00	\$1,800.00	\$172,800
Instructional Technology-Smartboards & Devices	4.00	\$5,524.00	\$20,767
Waggle ELA/Math for Summer Support Program	1.00	\$4,000.00	\$4,000
Go Math for grades K-5 for Summer Support Program	1.00	\$865.22	\$865
Virtual Summer School 2021 Curriculum Trade Pack	1.00	\$334.00	\$334
Virtual Summer School Curriculum, Grades 2-6	1.00	\$1,380.00	\$1,380

Employee Benefits		
Subtotal - Code 80		\$44,635
Benefit		Proposed Expenditure
Social Security		\$14,272
Retirement	New York State Teachers	\$18,283
	New York State Employees	
	Other - Pension	
Health Insurance		\$12,080
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$219,365
Support Staff Salaries	16	
Purchased Services	40	\$208,000
Supplies and Materials	45	\$200,146
Travel Expenses	46	
Employee Benefits	80	\$44,635
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$672,146

Agency Code:	280218030000
Project #:	5880-21-1535
Contract #:	
Agency Name:	Garden City UFSD

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).

11/19/21 *Kusum Sinha*
 Date Signature

Dr. Kusum Sinha, Superintendent
Name and Title of Chief Administrative Officer of Schools

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

Finance: Logged _____

Approved _____

MIR _____