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				
ī	Local Agency	nformation		
Funding Source:	ARP-ESSER APPLICAT	ION PART 2		
Report Prepared By:	DR BETH RELLA			
Agency Name:	MIDDLE COUNTRY C	ENTRAL SCHO	OL DISTRICT	
Mailing Address:	8 43RD STREET	Street		
	CENTEREACH City	NY State	11720 Zip Code	
Telephone # of 631-285-	6020 C	County: SUFF	-olk	
E-mail Address: brella@m	ccsd.net			
Project Funding Dates:	3/13/2020		9/30/2024	
	Start		Fnd	

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 PROFESSIO	ONAL STAFF	
Subtotal - Code 15 \$1,798,210			
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
SUMMER ENRICHMENT TEACHING SALARIES 2223	3.00	\$4,372	\$13,216
SUMMER ENRICHMENT TEACHING SALARIES 2324	13.00	\$5,000	\$65,000
ELEMENTARY TEACHERS 2023-24 - Address Instructional Loss	10.00	\$70,000	\$700,000
Grade 2-5 SEL Teacher - Address Instructional Loss	1.00	\$70,000	\$70,000
TEACHER ASSTS 21-22 (Bilingual & SEL) - Address Instructional Loss	10.00	\$25,000	\$250,000
TEACHER ASSTS 22-23 -Address Instructional Loss (Bilingual & SEL)	10.00	\$25,000	\$250,000
TEACHER ASSTS 23-24 (Bilingual & SEL) - Address Instructional Loss	10.00	\$25,000	\$250,000
SUBSTITUTES FOR STAFF DEV 21-22	666.00	\$150	\$100,015
SUBSTITUTES FOR STAFF DEV 22-23	323.00	\$155	\$50,065
SUBSTITUTES FOR STAFF DEV 23-24	312.00	\$160	\$49,920

SALARIES FOR SUPPORT STAFF			
		Subtotal - Code 16	
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary

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PURCHASED SERVICES			
		Subtotal - Code 40	\$360,501
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
SECURITY COSTS-COIVD 21-22	ARROW SECURITY	\$ 30.65/HR	\$90,475
SECURITY COSTS-COIVD 22-23	ARROW SECURITY	\$31.26/ HR	\$60,025
SECURITY COSTS-COIVD 23-24	ARROW SECURITY	\$31.89/ HR	\$60,001
BANDWIDTH /INTERNET ACCESS 21-22	SPRINT	CONTRACTUAL	\$50,000
BANDWIDTH /INTERNET ACCESS 22-23	SPRINT	CONTRACTUAL	\$50,000
BANDWIDTH /INTERNET ACCESS 23-24	SPRINT	CONTRACTUAL	\$50,000

SUPPLIES AND MATERIALS			
		Subtotal - Code 45	\$2,795,000
Description of Item	Quantity	Unit Cost	Proposed Expenditure
CHROMEBOOKS 21-22	1500.00	\$400.00	\$600,000
CHROMEBOOKS 22-23	750.00	\$400.00	\$300,000
CHROMEBOOKS 23-24	1112.50	\$400.00	\$445,000
GOOGLE LICENSES/ONLINE APPS/ SOFTWARE 21-22	5000.00	\$50.00	\$250,000
GOOGLE LICENSES/ONLINE APPS/ SOFTWARE 22-23	5000.00	\$50.00	\$250,000
GOOGLE LICENSES/ONLINE APPS/ SOFTWARE 23-24	5000.00	\$50.00	\$250,000
HARDWARE/MONITORS/DESKTOPS/ SMARTBOARDS	600.00	\$500.00	\$300,000
TV/SMARTBOARDS	30.00	\$3,333.33	\$100,000
INDIVIDUAL STUDENT SUPPLIES - Individual Art Supply Kits, Ear Buds Districtwide and Student Calculators Sets	9700.00	\$10.31	\$100,000
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INDIVIDUAL STUDENT SUPPLIES - Individual Art Supply Kits, Ear Buds Districtwide and Student Calculators Sets	9700.00	\$10.31	\$100,000

	Employee Benefits	
	Subtotal - Code 80	\$934,919
	Benefit	Proposed Expenditure
Social Security		\$138,000
	New York State Teachers	\$290,000
Retirement	New York State Employees	
•	Other - Pension	
Health Insurance - 80% of cost asse	ociated with staff to support learning loss	\$451,919
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		
STAFF COBRA EXPENSE		\$55,000
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	INDIRECT COST	
A.	Modified Direct Cost Base Sum of all preceding subtotals(codes 15, 16, 40, 45, 46, and 80 and excludes the portion of each subcontract exceeding \$25,000 and any flow through funds) **Manual Entry	\$6,585,000
B.	Approved Restricted Indirect Cost Rate	2.00%
C.	Subtotal - Code 90	\$131,700

For your information, maximum direct cost base =

\$5,888,636.00

To calculate Modified Direct Cost Base, reduce maximum direct cost base by the portion of each subcontract exceeding \$25,000 and any flow through funds.

	EQUIPMENT		
	S PSDDDSSSSS	Subtotal - Code 20	\$1,000,000
Description of Item	Quantity	Unit Cost	Proposed Expenditure
CAFETERIA FREEZERS FOR REMOTE STORAGE/PICKUPS	2.00	\$150,000.00	\$300,000
ELECTRONIC SIGNS-ALL SCHOOL BUILDINGS	14.00	\$50,000.00	\$700,000

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$1,798,216
Support Staff Salaries	16	
Purchased Services	40	\$360,501
Supplies and Materials	45	\$2,795,000
Travel Expenses	46	
Employee Benefits	- 80	\$934,919
Indirect Cost	90	\$131,700
BOCES Services	49	
Minor Remodeling	30	·
Equipment	20	\$1,000,000
Gran	d Total	\$7,020,336

Agency Code:	580211060000
Project #:	5880-21-XXXX
Contract #:	
Agency Name:	MIDDLE COUNTRY CSD

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).

12,15,201	Robert Ger
Date	Signature
Name and Title of	Chief Administrative Officer

FOR DEPARTMENT USE ONLY		
Funding Dates:	From	То
ogram Approval:	Da	ate:
Fiscal Year	First Payment	<u>Line #</u>
		40000000000000000000000000000000000000
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Voucher#		irst Payment