The University of the State of New York THE STATE EDUCATION DEPARTMENT (see instructions for mailing address)

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

Local Agency Information

Funding Source:	American Rescue Plan			
Report Prepared By:	Jennifer Polychronakos, Ed.D.			
Agency Name:	Brookhaven-Comsewogue School District			
Mailing Address:	290 Norwood Avenue			
	Port Jefferson Station	Street New York	11776	
	City	State	Zip Code	
Telephone #:	631-474-8200	County: Suffolk	_	
E-Mail Address: jpol	ychronakos@comsewogue k	12 ny us		
Project Operation Da	tes: 03 / 13 / Start	2020 09 / 30	/2024 End	
application directly	al budget and the requir to the appropriate State tions for the grant program nance.	Education Department	along with the completed office as indicated in the lying. DO NOT submit this	
Enter whole dollar ar	nounts only.			
	ans of an approved budget (FS-10) or budget amendme	ent (FS-10-A) is required for:	
	ositions, number and type ems having a unit value of \$3	5.000 or more, number and	type	
Minor remod	•		77	
 Any increase in a budget subtotal (professional salaries, purchased services, travel, etc.) by more than 10 percent or \$1,000, whichever is greater 				
 Any increase 	in the total budget amount.			
Certification on page	8 must be signed by Chief A	dministrative Officer or pro	perly authorized designee.	
High quality compute	er generated reproductions of	f this form may be used.		
	on on budgeting, please refe		for Federal and State Aided	

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SALARIES FOR PROFESSIONAL STAFF: Code 15

Include only staff that are employees of the agency. Do not include consultants or per diem staff. Do not include central administrative staff that are considered to be indirect costs, e.g., business office staff. One full-time equivalent (FTE) equals one person working an entire week each week of the project. Express partial FTE's in decimals, e.g., a teacher working one day per week equals .2 FTE.

Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
High School Teachers:	Year 2: 4.9 teachers	\$70,000	\$345,000
Additional teachers per year for	Year 3: 4.9 teachers	\$70,000	\$345,000
three years	Year 4: 5.1 teachers	\$70,000	\$360,000
Middle School Teachers: Additional teacher for two years	Year 2: 5.3 teachers Year 3: 5.3 teachers	\$70,000 \$70,000	\$370,000 \$360,000
		Subtotal - Code	\$1,780,000

SALARIES FOR SUPPORT STAFF: Code 16

Include salaries for teacher aides, secretarial and clerical assistance, and for personnel in pupil transportation and building operation and maintenance. Do not include central administrative staff that are considered to be indirect costs, e.g., account clerks.

Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Building and Grounds Personnel	Years 1-4: 1 FTE	\$55,000	\$220,000
Technology Support	Years 2-4: 1 FTE	\$55,000	\$165,000
		Subtotal - Code 16	\$385,000

FS-10 Page 3 PURCHASED SERVICES: Code 40

Include consultants (indicate per diem rate), rentals, tuition, and other contractual services. Copies of contracts may be requested by the State Education Department. Purchased Services from a BOCES, if other than applicant agency, should be budgeted under Purchased Services with BOCES, Code 49.

Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
		Subtotal - Code 40	

SUPPLIES AND MATERIALS: Code 45

Beginning with the 2005-06 year include computer software, library books and equipment items under \$5,000 per unit.

For earlier years include computer software, library books and equipment items under 1,000 per unit.

Description of Item	Quantity	Unit Cost	Proposed Expenditure
		Subtotal - Code 45	

TRAVEL EXPENSES: Code 46

Include pupil transportation, conference costs and travel of staff between instructional sites. Specify agency approved mileage rate for travel by personal car or school-owned vehicle.

Position of Traveler	Destination and Purpose	Calculation of Cost	Proposed Expenditures
Subtotal - Code 46			

FS-10 Page 4 EMPLOYEE BENEFITS: Code 80

Rates used for project personnel must be the same as those used for other agency personnel.

	Benefit	Proposed Expenditure
Social Security		\$160,000
	New York State Teachers	
Retirement	New York State Employees	
	Other	
Health Insurance		\$301,070
Worker's Compensation	on	
Unemployment Insura	nce	
Other (Identify)		
	Subtotal – Code 80	\$561,070

INDIRECT COST: Code 90

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)

\$	(A)

(B)

(C)

- B. Approved Restricted Indirect Cost Rate
- C. (A) x (B) = Total Indirect CostSubtotal Code 90

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PURCHASED SERVICES WITH BOCES: Code 49

Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
		Subtotal – Code 49	

FS-10 Page 5 MINOR REMODELING: Code 30

Allowable costs include salaries, associated employee benefits, purchased services, and supplies and materials related to alterations to existing sites

Description of Work To be Performed		ation of ost	Proposed Expenditure
	Code 30	Subtotal –	

EQUIPMENT: Code 20

Beginning with the 2005-06 year all equipment to be purchased in support of this project with a unit cost of \$5,000 or more should be itemized in this category. Equipment items under \$5,000 should be budgeted under Supplies and Materials, Code 45. Repairs of equipment should be budgeted under Purchased Services, Code 40.

For earlier years the threshold for reporting equipment purchases was \$1,000 or more. Equipment items under \$1,000 should be budgeted under Supplies and Materials.

Description of Item	Quantity	Unit Cost	Proposed Expenditure
		Subtotal – Code 20	

HELPFUL REMINDERS

- Check for the required number of copies to be submitted, including the number of original signature copies. The number of copies may vary from program to program. If unsure, contact the State Education Department office responsible for the program for which you are applying.
- ❖ An approved copy of the FS-10 will be returned to the contact person at the address completed on page 1. A window envelope will be used for the return mailing; please make sure that the contact information is accurate, legible, and confined to the address field.
- ❖ Be sure to check your math and carry all subtotals forward to the Summary on Page 8. Simple mathematical errors often require Grants Finance to contact both the local agency and other State Education Department offices, resulting in unnecessary delays in program approval. And remember, use whole dollars only.
- ❖ School districts and BOCES should use the restricted indirect cost rate that has been approved for the school year in which the grant will operate. Most other agencies are subject to a fixed maximum rate depending on the grant program and type of agency. Contact Grants Finance at (518) 474-4815 if you have any questions regarding indirect costs.
- ❖ The modified direct cost used in the calculation of indirect cost must exclude equipment, minor remodeling, the portion of each subcontract exceeding \$25,000 and any flow through funds.
- ❖ Be sure to complete the Agency Code on Page 8 as well as the Project #, if pre-assigned.
- ❖ For Special Legislative projects and Grant Contracts, please enter the Contract #.
- ❖ For ease of data entry at the State Education Department, please make sure that Page 8 faces out.
- Submit forms to the State Education Department as follows:

Application, FS-10, FS-10-A – Program Office

FS-25, FS-10-F for **Special Legislative Projects** –
Special Legislative Projects Coordinating Team
New York State Education Department
Room 132 Education Building
Albany, New York 12234

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FS-25, FS-10-F for other projects –
Grants Finance
New York State Education Department
Room 510W Education Building
Albany, New York 12234

BUDGET SUMMARY

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SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$1,780,000
Support Staff Salaries	16	\$385,000
Purchased Services	40	0
Supplies and Materials	45	0
Travel Expenses	46	0
Employee Benefits	80	\$561,070
Indirect Cost	90	0
BOCES Services	49	0
Minor Remodeling	30	0
Equipment	20	0
Granc	l Total	\$2,726,070

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

Jennifer Quinn, Ed.D., Superintendent
Name and Title of Chief Administrative Officer

Agency Code:	5	8	0	2	0	3		0	2		0	0	0	0
Project #: (If pre-assi	gned)													
Contract #	#:													
Federal Employer ID #: (New non-municipal agencies only)														
Agency N	ame	: <u>-</u>	Broo	khav	en-C	Comse	ew	ogue	Sch	ool]	Distr	ict		

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Funding Dates:		//_			
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Program Approval:				Date:	
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Finance:					

Log Approved

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