

**BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	\$30,000
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	\$70,002
Minor Remodeling	30	
Equipment	20	
Grand Total		\$100,002

Agency Code: **280224020000**

Project #: **5882-21-1565**

Contract #: \_\_\_\_\_

Agency Name: **Valley Stream 24 UFSD**

**FOR DEPARTMENT USE ONLY**

Funding Dates: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Program Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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

**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).*

12/10/21 \_\_\_\_\_  
Date Signature

**Dr. Don Sturz, Superintendent of Schools**  
Name and Title of Chief Administrative Officer

Finance: Logged \_\_\_\_\_ Approved \_\_\_\_\_ MIR \_\_\_\_\_

= Required Field

Local Agency Information		
<b>Funding Source:</b>	ARP ESSER STATE RESERVES For Summer Learning & Enrichment	5882-21-1565
<b>Report Prepared By:</b>	Jack Mitchell	
<b>Agency Name:</b>	Valley Stream Union Free School District 24	
<b>Mailing Address:</b>	75 Horton Avenue	
	Street	
	Valley Stream	NY 11581
	City	State Zip Code
<b>Telephone # of Report Preparer:</b>	516-434-2831	<b>County:</b> Nassau
<b>E-mail Address:</b>	jmitchell@vs24.org	
<b>Project Funding Dates:</b>	3/13/2020 Start	9/30/2024 End

INSTRUCTIONS
<ul style="list-style-type: none"> <li>● 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.</li> <li>● The Chief Administrator's Certification on the Budget Summary worksheet must be signed by the agency's Chief Administrative Officer or properly authorized designee.</li> <li>● 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.</li> <li>● For information on budgeting refer to the Fiscal Guidelines for Federal and State Aided Grants at <a href="http://www.oms.nysed.gov/cafe/guidance/">http://www.oms.nysed.gov/cafe/guidance/</a>.</li> </ul>

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$30,000
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Materials for Maker Space areas in Media Centers for Summer Enrichment from Demco	3.00	\$10,000.00	\$30,000

PURCHASED SERVICES WITH BOCES			
Subtotal - Code 49			\$70,002
Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
Summer School Program to remediate for learning loss and provide enrichment	Nassau	\$70,002.00	\$70,002