

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 Agency Information

Funding Source:	CRRSA ACT - GEER 2		
Report Prepared By:	CHARLES RUSSO		
Agency Name:	EAST MORICHES UFSD		
Mailing Address:	9 ADELAIDE AVENUE		
	Street		
	EAST MORICHES	NY	11940
	City	State	Zip Code
Telephone # of Report Preparer:	631-878-0162, EXT. 111	County:	SUFFOLK
E-mail Address:	CRUSSO@EMOSCHOOLS.ORG		
Project Funding Dates:	3/13/2020	9/30/2022	
	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/>.

PURCHASED SERVICES			
Subtotal - Code 40			\$83,469
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
SUMMER ENRICHMENT- SOCIAL AND EMOTIONAL INTERACTION AND LEARNING SUPPORT FOR ENL	SCOPE	CONTRACT	\$83,469

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	16	
Purchased Services	40	\$83,469
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$83,469

Agency Code: **580234020000**Project #: **5896-21-XXXX**Contract #: Agency Name: **EAST MORICHES UFSD****FOR DEPARTMENT USE ONLY**

Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

Fiscal Year**First Payment****Line #**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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).

7/14/21

Date



Signature

CHARLES RUSSO, INTERIM SUPERINTENDENT
Name and Title of Chief Administrative Officer

Finance: Logged _____

Approved _____

MIR _____