

= Required Field

| Local Agency Information                   |  |                        |
|--|--|------------------------|
| <b>Funding Source:</b>                     | ESSER GRANT  |                        |
| <b>Report Prepared By:</b>                 | CHARLES RUSSO  |                        |
| <b>Agency Name:</b>                        | EAST MORICHES UFSD   |                        |
| <b>Mailing Address:</b>                    | 9 ADELAIDE AVENUE  |                        |
|  | Street   |                        |
|  | EAST MORICHES  | 11940                  |
|  | City   | Zip Code               |
| <b>Telephone # of<br/>Report Preparer:</b> | 631-878-0162, EXT. 111   | <b>County:</b> SUFFOLK |
| <b>E-mail Address:</b>                     | <a href="mailto:CRUSSO@EMOSCHOOLS.ORG">CRUSSO@EMOSCHOOLS.ORG</a> |                        |
| <b>Project Funding Dates:</b>              | 3/13/2020<br>Start   | 9/30/2024<br>End       |

| INSTRUCTIONS   |
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| <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> |

| SALARIES FOR PROFESSIONAL STAFF    |                      |                        |                |
|------------------------------------|----------------------|------------------------|----------------|
| Subtotal - Code 15                 |                      |                        | \$221,309      |
| Specific Position Title            | Full-Time Equivalent | Annualized Rate of Pay | Project Salary |
| RESPONSE TO INVENTION TEACHER      | 1                    | 72988 for three years  | \$218,964.00   |
| THIS IS FUNDING FOR 3 SCHOOL YEARS |                      |                        |                |
| SUBSTITUTE TEACHERS FOR PD         | 18.75                | \$125                  | \$2,345        |
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| PURCHASED SERVICES   |                      |                                |                      |
|--|----------------------|--------------------------------|----------------------|
| Subtotal - Code 40   |                      |                                | \$13,800             |
| Description of Item  | Provider of Services | Calculation of Cost            | Proposed Expenditure |
| AMPLIFY- STUDENT CURRICULUM TO SUPPORT NYS MODULES AND DOMAINS- ELA FOR GRADES 1, 3, 4, 5, 6 | AMPLIFY              | 4 HALF DAYS @ \$1,600= \$6,400 | \$12,800.00          |
|  |                      | 2 FULL DAYS @ 3200= \$6,400    |                      |
| ELL PROFESSIONAL DEVELOPMENT FOR ENGLISH LANGUAGE LEARNERS                                   | ELL PROFESSIONAL     | \$1,000 FOR ONE FULL DAY OF PD | \$1,000.00           |
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**Finance:** Logged \_\_\_\_\_

Approved \_\_\_\_\_

MIR \_\_\_\_\_