

The University of the State of New York
 THE STATE EDUCATION DEPARTMENT

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

= Required Field

Local Agency Information		
Funding Source:	ARP - ESSER	
Report Prepared By:	Kellie McKeon	
Agency Name:	Smithtown Central School District	
Mailing Address:	26 New York Avenue	
	Street	
	Smithtown	NY 11787
	City	State Zip Code
Telephone # of Report Preparer:	631-382-2114	County: Suffolk
E-mail Address:	kmckeon@smithtown.k12.ny.us	
Project Funding Dates:	3/13/2020	9/30/2024
	Start	End

INSTRUCTIONS
<ul style="list-style-type: none"> • 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 FOR PROFESSIONAL STAFF			
Subtotal - Code 15			\$1,175,865
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Technology Integration Specialist (school year 2021-2022) (required 20% reserve)	1.00	\$60,585	\$60,585
Technology Integration Specialist (school year 2022-2023) (required 20% reserve)	1.00	\$63,681	\$63,681
Technology Integration Specialist (school year 2023-2024) (required 20% reserve)	1.00	\$66,825	\$66,825
Special Education Teacher - Behavioral Consultant (school year 2023-2024)	2.00	\$66,825	\$133,650
Special Education Teacher - Assistive Technology (school year 2023-2024)	1.00	\$66,825	\$66,825
Psychologist (school year 2023-2024)	1.00	\$66,825	\$66,825
Elementary Teaching Assistants (school year 2023-2024)	17.00	\$41,874	\$711,858
Workshop rate for 25 teachers to attend Leveled Literacy Intervention training (25 teachers * \$37.44 * 6 hours) (school year 2021-2022) (required 20% reserve)	25.00	\$37	\$5,616

PURCHASED SERVICES			
Subtotal - Code 40			\$22,588
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Secondary summer enrichment program (241 students @ \$87.50 per student) (school year 2021-2022) (required 20% reserve)	SCOPE	\$21,087.50	\$21,088
Leveled Literacy Intervention training (30 teachers/administrators @ \$50/person) (school year 2021-2022) (required 20% reserve)	Heinemann	\$1,500.00	\$1,500

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$41,000
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Wilson Reading Just Word kits for secondary schools (school year 2021-2022) (required 20% reserve)	8.00	\$500.00	\$4,000
Purple Level Literacy Intervention kit (school year 2021-2022) (required 20% reserve)	7.00	\$5,285.71	\$37,000

Employee Benefits		
Subtotal - Code 80		
\$610,289		
Benefit	Proposed Expenditure	
Social Security	\$89,525	
Retirement	New York State Teachers	\$114,684
	New York State Employees	
	Other - Pension	
Health Insurance	\$406,080	
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$1,175,865
Support Staff Salaries	16	
Purchased Services	40	\$22,588
Supplies and Materials	45	\$41,000
Travel Expenses	46	
Employee Benefits	80	\$610,289
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$1,849,742

Agency Code: **580801060000**

Project #: **5880-21-3185**

Contract #: _____

Agency Name: **Smithtown Central School District**

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).

8/5/21 
 Date Signature

Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

Fiscal Year First Payment Line #

_____	_____	_____
_____	_____	_____
_____	_____	_____
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Voucher # First Payment

Finance: Logged _____

Approved _____

MIR _____