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 Informat	ion	
Funding Source:	CRRSA Act-ESSR 2	R	
Report Prepared By:	Dean L. Mittleman	OFFER SUL	
Agency Name:	Connetquot Central School Dist	rict of Islip	
Mailing Address:	Mailing Address: 780 Ocean Avenue		
	Bohemia New Yor		
	City State	Zip Gode	
Telephone # of Report Preparer: (631) 244	-2215 ext. 2758 County:	Suffolk	
E-mail Address:	nn@ccsdli.org		
Project Funding Dates:	3/13/20 42/1/2021 Start	9/302023 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/.

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SALARIES F	OR PROFESSION	ONAL STAFF	
		Subtotal - Code 15	\$1,620,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Academic Instructional Coach	9.00	\$60,000	\$1,620,000

PURCHASED SERV	ICES	
	Subtotal - Code 40	\$1,462,852
Provider of Services	Calculation of Cost	Proposed Expenditure
Seniper	10/146,285	\$1,462,852
	oldis	

	Subtotal - Code 80	\$1,215,000
	Benefit	Proposed Expenditure
Social Security		\$153,99\$
*	New York State Teachers	\$197,274
Retirement	New York State Employees	
	Other - Pension	
Health Insurance		\$863,731
Worker's Compensation		
Unemployment Insurance		
Other(identify)		

184	INDIRECT COST	
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) **Manual Entry	\$4,297,852
B.	Approved Restricted Indirect Cost Rate	3.10%
C.	Subtotal - Code 90	\$133,233

For your information, maximum direct cost base =

\$4,297,852.00

To calculate Modified Direct Cost Base, reduce maximum direct cost base by the portion of each subcontract exceeding \$25,000 and any flow through funds.

CF121 ENTRY DATE PROJECT 5 SED CODE 5 NYC DOC #	891213140	PROJECT CRRSA	TS FINANCE STATUS REPORT -ESSER 2 TQUOT CSD	RUN DATE 09/09/21
		BUDGET DETA	IL INFORMATION	
PROF SALARY	15	1,620,000.00	BEGIN DATE	03/13/20
NON PROF SA	LARY 16	0.00	END DATE	09/30/23
PURCH SERVI	CES 40	1,462,852.00	AMENDMENT #	
SUPP & MATE	RIAL 45	0.00	CONTRACT #	
TRAVEL EXPE	NSE 46	0.00	STOP DATE	
EMP BENEFIT	s 80	1,215,000.00	REFUND CHECK #	
INDIRECT CO	ST 90	133,233.00	IND COST RATE	3.1
BOCES SERVI	CES 49	0.00	INT ELIG	N
REMODELING	30	0.00		
EQUIPMENT	20	0.00		
		BUDGET SUMM		
FUNDYEAR		T SPLITS	PAID TO DATE	OUTSTANDING ENC
589121	4,43	1,085.00	886,217.00	3,544,868.00
589120		0.00	0.00	0.00
589119		0.00	0.00	0.00
		0.00	0.00	0.00
		0.00	0.00	0.00
TOTAL	4,43	31,085.00	886,217.00	3,544,868.00
		TOC AND CO	NTRACT DATES	
7	RECEIVED	ENTERED	NIRACI DAIES	APPROVED
_	08/19/21	08/30/21	CONTRACT	
BUDGET (INTERIM FINAL	10/13/21	00/30/21	CONTRACT	

CASH DETAIL

ENTRY DOC # TRANS ENC RPT LINE AMOUNT FUNDYR MIR PD DT STAT 090921 547316F INIT 000 09/21 01 886,217.00 589121 090921 ENT

THIS BUDGET HAS BEEN PROCESSED BY THE NEW YORK STATE EDUCATION DEPARTMENT. THIS SUMMARY REPLACES THE SIGNED COPY.