

Required Field

Local Agency Information

Funding Source: CBRSSA REEL

Report Prepared By: Ellen Horvath

Agency Name: Bay Shore UFSD

Mailing Address: 75 W. Perkal Street  
Street

Bay Shore 11706  
City State Zip Code

Telephone # of Report Preparer: 631-968-1242

County: Suffolk

E-mail Address: shorvath@bayshoreufsd.net

Project Funding Dates: 3/13/20 Start 9/30/23 End

INSTRUCTIONS

- Submit the original FS-10 Budget and the required number of copies along with the completed application directly to the appropriate agency 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 an authorized designee.
- An approved copy of the FS-10 Budget will be returned to the contact person noted above. A window envelope will be prepared, addressed to the contact person and confirmed to in the address field, without changing the formatting.
- For information on budgeting refer to the Fiscal Guidelines for Federal and State Aided Grants at <http://www.oms.nysed.gov/care/guidance/>.

Subtotal - Capital

Description of Item	Provider of Services	Calculation of Cost	
32 Additional UPK slots in district to service all eligible children	YMCA	10,000 per student	student 1 \$311,7561
Managed Printing Service	per seat	10.00	

SUPPLIES AND MATERIALS

Subtotal - Code 45

\$127,200

Description of items

Quantity

Unit Cost

Price

Materials for the LIPK library

\$75,000

Carrying Cases for Ch...

\$52,200

### BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT USES	
Professional Salaries	15		
Support Staff Salaries	16		
Purchased Services	40		\$353,750
Supplies and Materials	45		\$127,200
Travel Expenses	46		
Employee Benefits	80		
Indirect Cost	90	90	
BOCES Services	49		
Minor Remodeling	30		
Equipment	20		
Grand Total			\$483,956

Agency Code:	580501030000
Project #:	5006 94 2110
Contract #:	
Agency Name:	Box Shop IES
<b>FOR DEPARTMENT USE ONLY</b>	
Funding Dates:	

**CHIEF ADMINISTRATIVE OFFICER**

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 stated therein the terms and conditions of the Federal (or State) award. I am aware that any falsification, or fraudulent information, or the omission of material facts, 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 3812)

7/14/21      *[Signature]*

Date                      Signature

Name and Title of Chief Administrative Officer

Program	Fiscal Year	First Payment	Line #

Voucher #                      First Payment