

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:	CRSSA Act Combined Funding Act		
Report Prepared By:	Max Turner		
Agency Name:	East Harlem Scholars Academy Charter School II		
Mailing Address:	1573 Madison Avenue		
	Street		
	New York	NY	10029
	City	State	Zip Code
Telephone # of Report Preparer:	3478536529	County: Manhattan	
E-mail Address:	mtuner@ehtp.org		
Project Funding Dates:	3/13/20	9/30/23	
	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			\$277,004
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Elementary Inclusive Learning Specialist	1.00	\$86,364	\$86,364
Network Director of Mental Health and Wellness	0.80	\$125,000	\$100,000
Elementary Network Director of Inclusive Learning	0.80	\$113,300	\$90,640

PURCHASED SERVICES			
Subtotal - Code 40			\$153,640
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Supplementary Custodial Support	CJJ	Monthly Fee x24	\$118,740
iReady Onilne Assessment Platform	Curriculum Associates	Annual Fee x2	\$18,900
Online Learning Management System	Blackboard	Annual Fee x2	\$16,000

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$106,928
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Student Chromebooks	266.00	\$253.49	\$67,428
Air Conditioning/Filtration Upgrade	\$10.00	\$3,950	\$39,500

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	\$537,572
B.	Approved Restricted Indirect Cost Rate	10.00%
C.	Subtotal - Code 90	\$53,757

For your information, maximum direct cost base = \$537,572.00

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.

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$277,004
Support Staff Salaries	16	
Purchased Services	40	\$153,640
Supplies and Materials	45	\$106,928
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	\$53,757
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$591,329

Agency Code: **310400861046**

Project #: **5891-21-5055**

Contract #: _____

Agency Name: **East Harlem Scholars Academy Charter School II**

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

<u>Fiscal Year</u>	<u>First Payment</u>	<u>Line #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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).

08/18/2021 _____
Date Signature

Dr. Robert S. Harvey, Superintendent
Name and Title of Chief Administrative Officer