

= Required Field

Local Agency Information			
Funding Source:	ARP-ESSR		
Report Prepared By:	Ariel Arnold		
Agency Name:	Brooklyn Charter School		
Mailing Address:	545 Willoughby Avenue		
	Street		
	Brooklyn	NY	11221
	City	State	Zip Code
Telephone # of Report Preparer:	347.254.0756	County: Kings	
E-mail Address:	aarnold@brooklyncharter.org		
Project Funding Dates:	3/13/2020 Start	9/30/2024 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			\$277,320
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Social Worker Stipend to work with Academic Deans to create and implement SEL curriculum and program	1.00	\$7,500	\$7,500
Two Academic Deans Stipend @ \$5,000 each working with Social Worker to create and implement SEL curriculum and program	2.00	\$5,000	\$10,000
Year 1, Two ELA Coach Stipends @ \$10,000 each	2.00	\$10,000	\$20,000
Year 1, Two Math Coach Stipends @ \$10,000 each	2.00	\$10,000	\$20,000
Year 2, Two ELA Coach Stipends @ \$10,000 each	2.00	\$10,000	\$20,000
Year 2, Two Math Coach Stipends @ \$10,000 each	2.00	\$10,000	\$20,000
6 Teachers Stipends for Academic Year Tutoring @ \$4,125 each	6.00	\$4,125	\$24,750
14 Teachers Stipends for Summer Tutoring @ \$4,400 each	14.00	\$4,400	\$61,600
20 Teachers Stipends providing Parent Workshops @ \$400 each	20.00	\$400	\$8,000
Year 1 - Academic Intervention Specialist	0.50	\$70,000	\$35,000
Year 2 - Academic Intervention Specialist	0.70	\$72,100	\$50,470

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$135,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Assistant Teacher Salaries	3.00	\$45,000.00	\$135,000

PURCHASED SERVICES			
Subtotal - Code 40			\$60,190
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Training for Restorative Justice Program	Ramapo For Children	20 days @ \$1,000/day	\$20,000
Training for Implementing Wilson Foundations Curriculum	Wilson Language Training Corp.	3 sessions @ \$2,000/session	\$6,000
Great Minds Eureka Math software licenses	Great Minds	2 years @ \$1,600/year	\$3,200
iReady Reading and Math licenses	Curriculum Associates	2 years @ \$4,000/year	\$8,000
Support School Leadership Team in revising and implementing the Reopening Plan, assisting in developing the ARP plan, and in aligning ARP funds with other funding sources.	JPS Solutions, LLC	8 days @ \$1,250/day	\$10,000
Hardware Installation for Smartboards	CDW-G	16 classrooms @ \$690/installation	\$11,040
On-site Smartboard Training	CDW-G	1 session @ \$1,950	\$1,950

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$84,501
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Whiteboard interactive flat panels for Smartboards	4.00	\$1,414.00	\$5,656
Fixed height floor stands for Smartboards	12.00	\$390.00	\$4,680
Individual student desks	28.00	\$116.95	\$3,275
Individual student desks	80.00	\$153.95	\$12,316
Student chairs	32.00	\$62.95	\$2,014
Student desk partitions	32.00	\$146.88	\$4,700
Wilson Language Foundations Curriculum for 210 students in Grades K-5	210.00	\$74.29	\$15,600
Fountas & Pinnell Guided Reading Program Curriculum Materials for 210 students in Grades K-5	210.00	\$172.67	\$36,260

TRAVEL EXPENSES			
			Subtotal - Code 46
Position of Traveler	Destination and Purpose	Calculation of Cost	Proposed Expenditures

Employee Benefits	
Subtotal - Code 80	
Benefit	Proposed Expenditure
Social Security	
Retirement	New York State Teachers
	New York State Employees
	Other - Pension
Health Insurance	
Worker's Compensation	
Unemployment Insurance	
Other(Identify)	

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	
B.	Approved Restricted Indirect Cost Rate	
C.	Subtotal - Code 90	

For your information, maximum direct cost base = \$557,011.00

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.

PURCHASED SERVICES WITH BOCES			
			Subtotal - Code 49
Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure

MINOR REMODELING		
		Subtotal - Code 30
Description of Work to be Performed	Calculation of Cost	Proposed Expenditure

EQUIPMENT			
Subtotal - Code 20			\$84,000
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Smartboards for classrooms	16.00	\$5,250.00	\$84,000

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$277,320
Support Staff Salaries	16	\$135,000
Purchased Services	40	\$60,190
Supplies and Materials	45	\$84,501
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	\$84,000
Grand Total		\$641,011

Agency Code: **331400860809**

Project #: **5880-21-xxxx**

Contract #:

Agency Name: **Brooklyn Charter School**

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).

1/16/2022 _____
 Date Signature

Joanne Hunt, Principal
 Name and Title of Chief Administrative Officer

Finance: Logged _____

Approved _____

MIR _____

