

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		
<b>Funding Source:</b>	ARP-ESSER	
<b>Report Prepared By:</b>	Andrew Ngeseyan	
<b>Agency Name:</b>	Community Roots Charter School	
<b>Mailing Address:</b>	51 St. Edwards Street	
	Street	
	Brooklyn	NY 11205
	City	State Zip Code
<b>Telephone # of Report Preparer:</b>	718-858-1629	<b>County:</b> Kings
<b>E-mail Address:</b>	<a href="mailto:andrew@communityroots.org">andrew@communityroots.org</a>	
<b>Project Funding Dates:</b>	3/13/2020	9/30/2024
	Start	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/>.

SALARIES FOR PROFESSIONAL STAFF			
Subtotal - Code 15			\$347,500
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Before/Afterschool Teachers - STIPENDS 2021-2022	15.00	\$8,000	\$120,000
Before/Afterschool Teachers - STIPENDS 2022-2023	15.00	\$8,000	\$120,000
School Guidance Counselor	0.1414694	\$106,030	\$15,000
Tutor Lead	0.500	\$85,000	\$42,500
Tutors - STIPENDS 2021-2022	15.00	\$3,333.3333	\$50,000

PURCHASED SERVICES			
Subtotal - Code 40			\$21,076
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Air conditioner repair	North Pole Cooling	Per contract - 2 years @ \$5,000/year	\$10,000
Health Screening App	Magnus Health	\$6,890/annual contract	\$6,890
Educational App	Illuminate Education	\$4,186/annual contract	\$4,186

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$9,973
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Classroom Supplies - planners, pens/pencils, notebooks, art, music, physical supplies - 1 year	12 months	\$81/month	\$973
PPE Supplies - masks, sanitizers, cleaning supplies/wipes (3 years)	36 months	\$250/month	\$9,000

Employee Benefits		
Subtotal - Code 80		\$33,534
Benefit		Proposed Expenditure
Social Security		\$21,545
Retirement	New York State Teachers	
	New York State Employees	
	Other - Pension	
Health Insurance		
Worker's Compensation		\$3,475
Unemployment Insurance		\$3,475
Other(Identify)		
Medicare		\$5,039

**BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$347,500
Support Staff Salaries	16	
Purchased Services	40	\$21,076
Supplies and Materials	45	\$9,973
Travel Expenses	46	
Employee Benefits	80	\$33,534
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$412,083

**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).*

/ /  
Date

Signature

**Name and Title of Chief Administrative Officer**

Agency Code:

**331300860893**

Project #:

**5880-21-4353**

Contract #:

Agency Name:

**Community Roots Charter School**

**FOR DEPARTMENT USE ONLY**

Funding Dates:

From

To

Program Approval:

Date:

**Fiscal Year**

**First Payment**

**Line #**

Voucher #

First Payment

**Finance:** Logged \_\_\_\_\_

Approved \_\_\_\_\_

MIR \_\_\_\_\_