

= Required Field

Local Agency Information			
Funding Source:	CRRSA Act - ESSER 2		
Report Prepared By:	Candace Greene		
Agency Name:	Bronx Academy of Promise Charter School		
Mailing Address:	1349 Inwood Avenue		
	Street		
	Bronx	NY	10452
	City	State	Zip Code
Telephone # of Report Preparer:	718-293-6950	County: Bronx	
E-mail Address:	cgreene@bronxacademyofpromise.com		
Project Funding Dates:	<u>3/13/2020</u> Start	<u>9/30/2023</u> 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 SUPPORT STAFF			
Subtotal - Code 16			\$481,110
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Custodian (FY 2021-22)	1.00	\$75,000	\$75,000
Custodian (FY 2022-23)	1.00	\$77,250	\$77,250
Afterschool Instructor (FY 2021-22)	1.00	\$13,500	\$13,500
Afterschool Instructor (FY 2021-22)	1.00	\$13,500	\$13,500
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Afterschool Instructor (FY 2021-22)	1.00	\$13,500	\$13,500
Afterschool Instructor (FY 2022-23)	1.00	\$13,905	\$13,905
Afterschool Instructor (FY 2022-23)	1.00	\$13,905	\$13,905
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PURCHASED SERVICES			
Subtotal - Code 40			\$10,000
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Grant management services	CSBM, Inc.	100% of Contract for two years	\$10,000

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$26,492
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Charging carts	10.00	\$2,094	\$20,942
Desk Dividers	185.00	\$30	\$5,550

Employee Benefits		
Subtotal - Code 80		\$81,656
Benefit		Proposed Expenditure
Social Security		\$66,179
Retirement	New York State Teachers	
	New York State Employees	
	Other - Pension	
Health Insurance		
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		
Medicare		\$15,477

EQUIPMENT			
Subtotal - Code 20			\$175,000
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Promethean Boards - AP7-U86 with visual presenters	30.00	\$5,833.33	\$175,000

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$659,380
Support Staff Salaries	16	\$481,110
Purchased Services	40	\$10,000
Supplies and Materials	45	\$26,492
Travel Expenses	46	
Employee Benefits	80	\$81,656
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	\$175,000
Grand Total		\$1,433,638

Agency Code: **320900860913**

Project #: **5891-21-4385**

Contract #: _____

Agency Name: **Bronx Academy of Promise Charter School**

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

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

Fiscal Year **First Payment** **Line #**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Voucher #

First Payment

Finance: Logged _____

Approved _____

MIR _____