

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: | ARP-ESSER | | |
| Report Prepared By: | Vivian Lee | | |
| Agency Name: | St. HOPE Leadership Academy Charter School | | |
| Mailing Address: | 222 West 134th Street | | |
| | Street | | |
| | New York | NY | 10030 |
| | City | State | Zip Code |
| Telephone # of Report Preparer: | 212-283-1204 | County: New York | |
| E-mail Address: | vlee@sthopeharlem.org | | |
| Project Funding Dates: | <u>3/13/2020</u> Start | <u>9/30/2024</u> 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 |
| | | | \$687,320 |
| Specific Position Title | Full-Time Equivalent | Annualized Rate of Pay | Project Salary |
| Afterschool teachers - stipends (2021-22 school year) | 7.00 | \$5,000 | \$35,000 |
| Afterschool teachers - stipends (2022-23 school year) | 7.00 | \$5,000 | \$35,000 |
| Afterschool Manager (21-22 SY) | 1.00 | \$16,000 | \$16,000 |
| Afterschool Manager (22-23 SY) | 1.00 | \$16,000 | \$16,000 |
| Math Interventionist (21-22 SY) | 1.00 | \$87,000 | \$87,000 |
| Math Interventionist (22-23 SY) | 1.00 | \$87,000 | \$87,000 |
| Director of Student Support (21-22 SY) | 0.20 | \$104,000 | \$20,800 |
| Director of Student Support (22-23 SY) | 0.20 | \$104,000 | \$20,800 |
| Director of Operations (21-22 SY) | 0.31 | \$112,000 | \$34,720 |
| Director of Operations (22-23 SY) | 0.31 | \$112,000 | \$34,720 |
| Principal (21-22 SY) | 0.19 | \$186,000 | \$35,340 |
| Principal (22-23 SY) | 0.19 | \$186,000 | \$35,340 |
| Director of Student Affairs (21-22 SY) | 0.29 | \$120,000 | \$34,800 |
| Director of Student Affairs (22-23 SY) | 0.29 | \$120,000 | \$34,800 |
| Achieve 3000 Teacher/Reading Intervention (21-22 SY) | 1.00 | \$80,000 | \$80,000 |
| Achieve 3000 Teacher/Reading Intervention (22-23 SY) | 1.00 | \$80,000 | \$80,000 |

| PURCHASED SERVICES | | | |
|--|----------------------------|--|----------------------|
| Subtotal - Code 40 | | | \$450,251 |
| Description of Item | Provider of Services | Calculation of Cost | Proposed Expenditure |
| Literacy Solution & Learning Loss program | Achieve 3000 | 2 year subscriptions (\$17,000/year) | \$34,000 |
| Learning loss supplement | Lexia Learning Systems LLC | 2 year subscriptions (\$3,600/year) | \$7,200 |
| Teacher microphones & classroom sound improvements to hear masked teachers & support w/ remote learning issues | Lightspeed Technologies | \$27,000.00 | \$27,000 |
| COVID Testing (21-22 SY) | BioReference Labs | Approx. \$30k per week depending on need and coverage by DOE | \$272,051 |
| COVID Testing (22-23 SY) | BioReference Labs | Approx. \$4,166 per week depending on need | \$50,000 |
| Staff mental health supplement (22-23 SY) | HRA/Primpay | \$1200/staff (x50) | \$60,000 |

| SUPPLIES AND MATERIALS | | | |
|--|----------|-----------|----------------------|
| Subtotal - Code 45 | | | \$25,000 |
| Description of Item | Quantity | Unit Cost | Proposed Expenditure |
| Chromebook licenses, warranties, & carrying cases (21-22 SY) | 100.00 | \$125.00 | \$12,500 |
| Chromebook licenses, warranties, & carrying cases (22-23 SY) | 100.00 | \$125.00 | \$12,500 |

| Employee Benefits | | | |
|------------------------|--------------------------|----------------------|----------|
| | | Subtotal - Code 80 | \$66,326 |
| Benefit | | Proposed Expenditure | |
| Social Security | | | \$42,614 |
| Retirement | New York State Teachers | | |
| | New York State Employees | | |
| | Other - Pension | | |
| Health Insurance | | | |
| Worker's Compensation | | | \$6,873 |
| Unemployment Insurance | | | \$6,873 |
| Other(Identify) | | | |
| Medicare | | | \$9,966 |
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| 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 | \$919,846 |
| B. | Approved Restricted Indirect Cost Rate | 2.60% |
| C. | Subtotal - Code 90 | \$23,916 |

For your information, maximum direct cost base = \$1,228,897.00

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 | \$687,320 |
| Support Staff Salaries | 16 | |
| Purchased Services | 40 | \$450,251 |
| Supplies and Materials | 45 | \$25,000 |
| Travel Expenses | 46 | |
| Employee Benefits | 80 | \$66,326 |
| Indirect Cost | 90 | \$23,916 |
| BOCES Services | 49 | |
| Minor Remodeling | 30 | |
| Equipment | 20 | |
| Grand Total | | \$1,252,813 |

Agency Code: **310500860928**

Project #: **5880-21-4460**

Contract #: _____

Agency Name: **St. HOPE Leadership Academy Charter School**

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

| Fiscal Year | First Payment | Line # |
|-------------|---------------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
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| _____ | _____ | _____ |
| _____ | _____ | _____ |

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).

11/8/21 *Meghann Persenaire*

Date Signature

Meghann Persenaire, Principal

Name and Title of Chief Administrative Officer

Finance: Logged _____

Approved _____

MIR _____