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 | | | | | | |
|--------------------------------------|-----------------|--------------------|-------------|--------|----------|--|
| Fundin | g Source: | ARP-ESSER | | | | |
| Report Prepared By: Jessica Nauiokas | | | | | | |
| Ager | ncy Name: | Mott Haven Academ | y Charter S | School | | |
| Mailing | 170 Brown Place | Sti | reet | | | |
| | | Bronx | NY | | 10454 | |
| | ļ | City | State | | Zip Code | |
| Telephone # of Report Preparer: | | 2-7015 | County: | Bronx | | |
| E-mail Address: | jnauiokas | @havenacademy.org | | | | |
| Project Fundi | ing Dates: | 3/13/2020 Start | | | 0/2024 | |
| | | Siari | | | 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 | | | | | |
|--|-------------------------|------------------------|----------------|--|--|
| | \$1,132,040 | | | | |
| Specific Position Title | Full-Time Equivalent | Annualized Rate of Pay | Project Salary | | |
| Teacher Support Coach 2021-22 | 1.00 | \$105,000 | \$105,000 | | |
| Teacher Support Coach 2022-23 | 1.00 | \$108,150 | \$108,150 | | |
| Teacher Support Coach 2023-24 | 0.25 | \$108,150 | \$27,038 | | |
| Teacher (supplemental instruction) - 2021- 22 | 1.00 | \$102,000 | \$102,000 | | |
| Teacher (supplemental instruction) - 2022-23 | 1.00 | \$105,060 | \$105,060 | | |
| Teacher (supplemental instruction) - 2023-24 | 0.25 | \$105,060 | \$26,265 | | |
| Math Intervention Teacher 2021-22 | 1.00 | \$ 108,120 | \$108,120 | | |
| Math Intervention Teacher 2022-23 | 1.00 | \$111,364 | \$111,364 | | |
| Math Intervention Teacher 2023-24 | 0.25 | \$111,364 | \$27,841 | | |
| Social Worker 2021-22 | 1.00 | \$ 101,760 | \$101,760 | | |
| Social Worker 2022-23 | 1.00 | \$104,813 | \$104,813 | | |
| Social Worker 2023-24 | 0.26 | \$101,760 | \$26,204 | | |
| Social Worker 2021-22 | 1.00 | \$ 78,000 | \$78,000 | | |
| Social Worker 2022-23 | 1.00 | \$80,340 | \$80,340 | | |
| Social Worker 2023-24 | 0.25 | \$80,340 | \$20,085 | | |

| SALARIES FOR SUPPORT STAFF | | | | |
|----------------------------|-------------------------|---------------------------|----------------|--|
| | \$242,475 | | | |
| Specific Position Title | Full-Time Equivalent | Annualized Rate of Pay | Project Salary | |
| Nurse Practitioner 2021-22 | 1.00 | \$ 106,000.00 | \$106,000 | |
| Nurse Practitioner 2022-23 | 1.00 | \$109,180.00 | \$109,180 | |
| Nurse Practitioner 2023-24 | 0.25 | \$109,180.00 | \$27,295 | |
| | | | | |
| | | | | |
| | | | | |

| PURCHASED SERVICES | | | | |
|---|----------------------|-----------------------------------|----------------------|--|
| | \$663,900 | | | |
| Description of Item | Provider of Services | Calculation of Cost | Proposed Expenditure | |
| After School Interventions and Enrichment 2021-22 | YMCA | \$32,500 per month x 10 months | \$325,000 | |
| After School Interventions and Enrichment 2022-23 | YMCA | \$33,890 per month x 10 months | \$338,900 | |
| | | | | |
| | | | | |

| SUPPLIES AND MATERIALS | | | | |
|------------------------|----------------------------|------------------------|----------------------|--|
| | Subtotal - Code 45 \$7,541 | | | |
| Description of Item | Quantity | Unit Cost | Proposed Expenditure | |
| Air Purifier | 18.00 | <mark>\$</mark> 418.94 | \$7,541 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

BUDGET SUMMARY

| SUBTOTAL | CODE | PROJECT COSTS |
|------------------------|-------------|---------------|
| Professional Salaries | 15 | \$1,132,040 |
| Support Staff Salaries | 16 | \$242,475 |
| Purchased Services | 40 | \$663,900 |
| Supplies and Materials | 45 | \$7,541 |
| Travel Expenses | 46 | |
| Employee Benefits | 80 | |
| Indirect Cost | 90 | |
| BOCES Services | 49 | |
| Minor Remodeling | 30 | |
| Equipment | 20 | |
| Gran | \$2,045,956 | |

| Agency Code: | 320700860925 | |
|--------------|-----------------------------------|--|
| Project #: | 5880-21-4440 | |
| Contract #: | | |
| Agency Name: | Mott Haven Academy Charter School | |

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).

| 9//23//2021 | Jasoica lamobr |
|-------------|----------------|
| Date | Signature |

Jessica Nauiokas, Head of School Name and Title of Chief Administrative Officer

| FOR DEPARTMENT USE ONLY | | | | |
|-------------------------|---------------|---------|--|--|
| Funding Dates: | From | То | | |
| Program Approval: | Date | : | | |
| Fiscal Year | First Payment | Line # | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Voucher # | Firs | Payment | | |

Page 7 of 7

 Finance:
 Logged ______
 Approved ______
 MIR ______