

= Required Field

Local Agency Information		
Funding Source:	ESSER ARP	
Report Prepared By:	Sherita Smith	
Agency Name:	Great Oaks Charter School - New York City	
Mailing Address:	38 Delancey Street	
	Street	
	New York	10002
	City	Zip Code
Telephone # of Report Preparer:	(201)308-3277	County:
E-mail Address:	ssmith@greatoakscharter.org	
Project Funding Dates:	3/13/2020	September 30, 2024
	Start	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/.

Subtotal - Code 15			\$474,600
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Chief Data Analytics Officer (2 years)	35.36%	\$112,000	\$79,200
Lead Social Worker (2 years)	90%	\$85,000	\$153,000
Social Worker (2 years)	87%	\$70,000	\$122,400
Summer Stipends for Teachers (2 years); 15 teachers		\$3,000	\$90,000
Summer Stipends for Lead (2 years); 2 leads		\$7,500	\$30,000

PURCHASED SERVICES

			Subtotal - Code 40	\$140,000
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure	
Help to build staff and school capacity beyond the contract period.	Lavinia	\$2,500/day x 22 days per academic year, x 2 academic years	\$110,000	
Other Extended School Day/Summer Support	Writopia	\$12,500/year x 2 academic years	\$25,000	
Other Extended School Day/Summer Support	Charter School Athletics Association/sports programming	\$2,500/year x 2 academic years	\$5,000	

SUPPLIES AND MATERIALS

Subtotal - Code 45			\$41,000
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Chromebooks for students (2 years)	82.00	\$500.00	\$41,000

Employee Benefits		
Subtotal - Code 80		\$88,650
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)		
Fringe benefits (25% of FTE salary)		\$88,650

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$474,600
Support Staff Salaries	16	
Purchased Services	40	\$140,000
Supplies and Materials	45	\$41,000
Travel Expenses	46	
Employee Benefits	80	\$88,650
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$744,250

Agency Code: **310100861055**

Project #: **5880-21-4985**

Contract #: _____

Agency Name: **Great Oaks Charter School - New York City**

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).

8/31/21 

Date _____ Signature _____

Sherita Smith, Chief Operating Officer
Name and Title of Chief Administrative Officer

<u>Fiscal Year</u>	<u>First Payment</u>	<u>Line #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Voucher # _____ First Payment _____

Finance: Logged _____ Approved _____ MIR _____