

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 Part 2		
<b>Report Prepared By:</b>	Sara M. Asmussen, Ph.D.		
<b>Agency Name:</b>	New Dawn Charter High School		
<b>Mailing Address:</b>	242 Hoyt Street		
	Street		
	Brooklyn	NY	11217
	City	State	Zip Code
<b>Telephone # of Report Preparer:</b>	347-505-9102	<b>County:</b>	Kings
<b>E-mail Address:</b>	<a href="mailto:sasmussen@ndchsbrooklyn.org">sasmussen@ndchsbrooklyn.org</a>		
<b>Project Funding Dates:</b>	3/13/2020	9/30/2023	
	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			\$105,400
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Special Education Teacher	1.00	\$75,000	\$75,000
Supervisor Outreach Team	0.40	\$76,000	\$30,400

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$165,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Outreach Worker	3.00	\$55,000.00	\$165,000



PURCHASED SERVICES			
Subtotal - Code 40			\$457,725
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
John Antoinette, PD Professional	Colleagues on Call	2 days @ \$6,500	\$13,000
Expediting Services	Metropolis	1 change order based on old project 1X\$1,500	\$1,500
Permitting & fees with NYC DOB	NYC DOB	Applications 6 X \$200	\$1,200
Architectural drawings for DOB change order	"+ lab"	Set fee of \$10,000 for original drawings for DOB submission	\$10,000
Architectural for revised DOB requirements as project progresses	"+ lab"	3 revised drawing specs for Phase 1 - 3 = 3 X \$3,000	\$9,000
Construction costs for paver/pedestal \$20 X 4,300 square feet	"+ lab"	\$20 X 4,300 SF	\$86,000
Interior space of rooftop classroom, 600 SF	"+ lab"	\$400 X 600 SF	\$240,000
General Conditions	"+ lab"	20% X \$412,000	\$82,400
Legal Services	Mandelbaum Salsburg P.C.	\$325 X 45 hours	\$14,625

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$86,000
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Paver/Pedestal System Materials to convert roof to active space	4,300 sf	\$20 SF	\$86,000

Employee Benefits		
Subtotal - Code 80		\$81,356
Benefit		Proposed Expenditure
Social Security		\$18,928
Retirement	New York State Teachers	
	New York State Employees	
	Other - Pension	\$8,112
Health Insurance		\$54,316
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		



**BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$105,400
Support Staff Salaries	16	\$165,000
Purchased Services	40	\$457,725
Supplies and Materials	45	\$86,000
Travel Expenses	46	
Employee Benefits	80	\$81,356
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$895,481

**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).

1/21/22 *Sara M. Asmussen*  
 Date Signature

*Sara M. Asmussen, Executive Director*  
 Name and Title of Chief Administrative Officer

Agency Code:

**331500861016**

Project #:

**5880-21-4195**

Contract #:

Agency Name:

**New Dawn Charter High School****FOR DEPARTMENT USE ONLY**

Funding Dates:

From

To

Program Approval:

Date:

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

Voucher #

First Payment

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

Approved \_\_\_\_\_

MIR \_\_\_\_\_