

**Local Agency Information**

Funding Source: ESSER III Formula Funds

Report Prepared By:	Ashley N. Benton		
Agency Name:	Brooklyn Excelsior Charter School		
Mailing Address:	856 Quincy Street		
		Street	
	Brooklyn	NY	11221
	City	State	Zip Code

Telephone #: 616-464-2528 County: Kings

E-Mail Address: abenton@nhaschools.com

Project Operation Dates: 3/13/2020 9/30/2024  
Start End

**INSTRUCTIONS**

- ❖ **Submit the original 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 the Grants Finance.**
- ❖ Enter whole dollar amounts only.
- ❖ Prior approval by means of an approved budget (FS-10) or budget amendment (FS-10-A) is required for:
  - Personnel positions, number and type
  - Equipment items having a unit value of \$5,000 or more, number and type
  - Minor remodeling
  - Any increase in a budget subtotal (professional salaries, purchased services, travel, etc.) by more than 10 percent or \$1,000, whichever is greater
  - Any increase in the total budget amount.
- ❖ Certification on page 8 must be signed by Chief Administrative Officer or properly authorized designee.
- ❖ High quality computer generated reproductions of this form may be used.
- ❖ For further information on budgeting, please refer to the Fiscal Guidelines for Federal and State Aided Grants which may be accessed at [www.oms.nysed.gov/cafe/](http://www.oms.nysed.gov/cafe/) or call Grants Finance at (518) 474-4815.

**SALARIES FOR PROFESSIONAL STAFF: Code 15**

Include only staff that are employees of the agency. Do not include consultants or per diem staff. Do not include central administrative staff that are considered to be indirect costs, e.g., business office staff. One full-time equivalent (FTE) equals one person working an entire week each week of the project. Express partial FTE's in decimals, e.g., a teacher working one day per week equals .2 FTE.

Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Subtotal - Code 15			

**SALARIES FOR SUPPORT STAFF: Code 16**

Include salaries for teacher aides, secretarial and clerical assistance, and for personnel in pupil transportation and building operation and maintenance. Do not include central administrative staff that are considered to be indirect costs, e.g., account clerks.

Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Educational technology coordinator (ETC): will support technology during remote and in-person learning.	.375 FTE	\$36,000 (at 1.0 FTE)	\$13,500 total

<p>Support Summer Learning Staff</p>	<p>30.6 FTE total for all summer staff.</p> <p>- \$60 per hour x 24 hours per week x 6 teachers x 6 weeks = 3.6 FTE total = \$51,840</p> <p>- \$50 per hour x 24 hours per week x 6 weeks x 3 paraprofessionals = 1.8 FTE total = \$21,600</p> <p>- \$70 per hour x 24 hours per week x 3 summer learning coordinators x 18 weeks = 1.8 FTE total = \$90,720</p> <p>- \$60 per hour x 24 hours per week x 27 teachers x 6 weeks = 16.2 FTE total = \$233,281</p> <p>- \$60 per hour x 24 hours per week x 6 weeks x 12 paraprofessionals = 1.8 FTE total = \$103,681</p>	<p>Summer learning staff will implement a summer learning program to combat the learning loss and impact of COVID-19. Staff includes coordinators, paraprofessionals, and teachers.</p>	<p>\$501,122 total</p>
<p>Subtotal - Code 16</p>			<p>\$514,622</p>

**PURCHASED SERVICES: Code 40**

Include consultants (indicate per diem rate), rentals, tuition, and other contractual services. Copies of contracts may be requested by the State Education Department. Purchased Services from a BOCES, if other than applicant agency, should be budgeted under Purchased Services with BOCES, Code 49.

Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Sanitation work and supplies to prevent the spread of COVID-19.	National Heritage Academies	\$1,666.666 per month x 36 months	\$60,000 total
HVAC filters to improve the air quality in the building and to reduce the spread of COVID-19. Cost includes filter and installation.	National Heritage Academies	\$510.204 per filter x 49 filters x 3 years	\$75,000 total
Contracted tutoring services to combat the learning loss and impact of COVID-19. Costs are for three years.	National Heritage Academies	\$147,496.667 per year x 3 years	\$442,490 total
Contracted summer learning program transportation	National Heritage Academies	\$33,333.333 per summer x 3 summers	\$100,000 total
Hotspot monthly connectivity for remote learning due to COVID-19.	National Heritage Academies	375 hotspot x estimated \$100 annually for hotspot connectivity. Connectivity costs vary based on usage.	\$37,500 total

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Digital subscriptions for online and remote learning as well as to be used in-person to combat the learning loss and impact of COVID-19.	National Heritage Academies	\$32,940 for digital subscription costs. Will be purchased over the course of the grant project period based on student need. Average cost per student on digital subscriptions will be \$44.037 per student x 748 students. Subscriptions will include DreamBox, Lexia, and Learning.com.	\$32,940 total
Subtotal - Code 40			\$747,930

**SUPPLIES AND MATERIALS: Code 45**

Beginning with the 2005-06 year include computer software, library books and equipment items under \$5,000 per unit.

For earlier years include computer software, library books and equipment items under 1,000 per unit.

Description of Item	Quantity	Unit Cost	Proposed Expenditure
Chromebooks including headphones and protective cases were needed to meet a 1:1 device for students to participate in remote learning. Charging stations, charging cords, calculators, adapters, and extension cords may also be purchased when in-person instruction resumes to reduce the sharing of items to prevent the spread of COVID-19.	Chromebooks x 600  Calculators x 100  Headphones x 494  Device cases x 500  Charging cords x 500	\$350.10 per Chromebook x 600 = \$210,060  \$95 per calculator x 100 = \$9,500  \$10 per headphone x 494 = \$4,940  \$26 per case x 500 = \$13,000  \$25 per charging cord x 500 = \$12,500  Quantities may change based on need.	\$250,000 total

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Summer learning supplies and materials (student workbooks, book, and journals) will be used in the summer learning program to combat the learning loss of COVID-19.	Estimated \$20,000 per summer learning program x 3 years	Estimated \$20,000 per summer learning program x 3 years	\$60,000 total
Hotspot devices and for remote learning due to COVID-19.	National Heritage Academies	375 hotspot devices x estimated \$300 per device.	\$112,500 total
COVID-19 signage, PPE, COVID tests, masks, sanitizer, disinfecting wipes, sneeze guards, thermometers, gloves, and social distance markers.	PPE costs for 748 students and 100 staff	\$235.849 per staff x 100 = \$23,585  \$235.84893 per student x 748 = \$176,415	\$200,000 total
Subtotal - Code 45			\$622,500

**TRAVEL EXPENSES: Code 46**

Include pupil transportation, conference costs and travel of staff between instructional sites. Specify agency approved mileage rate for travel by personal car or school-owned vehicle.

Position of Traveler	Destination and Purpose	Calculation of Cost	Proposed Expenditures
Subtotal - Code 46			

**EMPLOYEE BENEFITS: Code 80**

Rates used for project personnel must be the same as those used for other agency personnel.

Benefit	Proposed Expenditure
Social Security/FICA	\$15,072

<b>Retirement</b>	<b>New York State Teachers</b>	\$0
	<b>New York State Employees</b>	\$0
	<b>Other</b>	\$0
<b>Health Insurance</b>		\$3,746
<b>Worker's Compensation</b>		\$2,240
<b>Unemployment Insurance</b>		0
<b>Other (Identify)</b>		
<b>401k/Retirement</b>		\$39,864
<b>Life &amp; Disability</b>		\$3,283
<b>Dental</b>		\$278
<b>FUTA/SUTA</b>		\$14,320
Subtotal – Code 80		\$78,803

**INDIRECT COST: Code 90**

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)

\$	25,000	(A)
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B. Approved Restricted Indirect Cost Rate

2.6	%	(B)
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C. (A) x (B) = Total Indirect Cost

Subtotal – Code 90

\$	650	(C)
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**PURCHASED SERVICES WITH BOCES: Code 49**

<b>Description of Services</b>	<b>Name of BOCES</b>	<b>Calculation of Cost</b>	<b>Proposed Expenditure</b>
Subtotal – Code 49			

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**MINOR REMODELING: Code 30**

Allowable costs include salaries, associated employee benefits, purchased services, and supplies and materials related to alterations to existing sites.

Description of Work To be Performed	Calculation of Cost	Proposed Expenditure
Subtotal – Code 30		

**EQUIPMENT: Code 20**

Beginning with the 2005-06 year all equipment to be purchased in support of this project with a unit cost of \$5,000 or more should be itemized in this category. Equipment items under \$5,000 should be budgeted under Supplies and Materials, Code 45. Repairs of equipment should be budgeted under Purchased Services, Code 40.

For earlier years the threshold for reporting equipment purchases was \$1,000 or more. Equipment items under \$1,000 should be budgeted under Supplies and Materials.

Description of Item	Quantity	Unit Cost	Proposed Expenditure
Subtotal – Code 20			

**HELPFUL REMINDERS**

- ❖ Check for the required number of copies to be submitted, including the number of original signature copies. The number of copies may vary from program to program. If unsure, contact the State Education Department office responsible for the program for which you are applying.
- ❖ An approved copy of the FS-10 will be returned to the contact person at the address completed on page 1. A window envelope will be used for the return mailing; please make sure that the contact information is accurate, legible, and confined to the address field.
- ❖ Be sure to check your math and carry all subtotals forward to the Summary on Page 8. Simple mathematical errors often require Grants Finance to contact both the local agency and other State Education Department offices, resulting in unnecessary delays in program approval. And remember, use whole dollars only.
- ❖ School districts and BOCES should use the restricted indirect cost rate that has been approved for the school year in which the grant will operate. Most other agencies are subject to a fixed maximum rate depending on the grant program and type of agency. Contact Grants Finance at (518) 474-4815 if you have any questions regarding indirect costs.



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- ❖ The modified direct cost used in the calculation of indirect cost must exclude equipment, minor remodeling, the portion of each subcontract exceeding \$25,000 and any flow through funds.
- ❖ Be sure to complete the Agency Code on Page 8 as well as the Project #, if pre-assigned.
- ❖ For Special Legislative projects and Grant Contracts, please enter the Contract #.
- ❖ For ease of data entry at the State Education Department, please make sure that Page 8 faces out.
- ❖ Submit forms to the State Education Department as follows:

Application, FS-10, FS-10-A – Program Office

FS-25, FS-10-F for **Special Legislative Projects** –  
Special Legislative Projects Coordinating Team  
New York State Education Department  
Room 132 Education Building  
Albany, New York 12234

FS-25, FS-10-F for other projects –  
Grants Finance  
New York State Education Department  
Room 510W Education Building  
Albany, New York 12234

# BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$0
Support Staff Salaries	16	\$514,622
Purchased Services	40	\$747,930
Supplies and Materials	45	\$622,500
Travel Expenses	46	\$0
Employee Benefits	80	\$78,803
Indirect Cost	90	\$650
BOCES Services	49	\$0
Minor Remodeling	30	\$0
Equipment	20	\$0
<b>Grand Total</b>		<b>\$1,964,505</b>

Agency Code:

Project #:  
(If pre-assigned)

Contract #:

Federal Employer ID #:  
(New non-municipal agencies only)

Agency Name: Brooklyn Excelsior 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

<u>Fiscal Year</u>	<u>Amount Budgeted</u>	<u>First Payment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Voucher #
\_\_\_\_\_  
First Payment

Finance:

Log
Approved
MIR