

The University of the State of New York  
THE STATE EDUCATION DEPARTMENT

**PROPOSED BUDGET FOI  
FEDERAL OR STATE PROJ.  
FS-10 (03/15)**

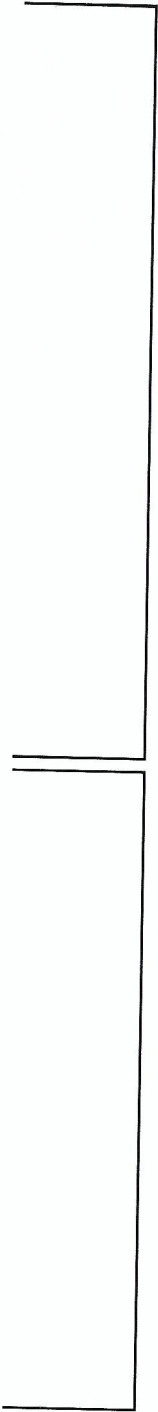
☐ = Required Field

Local Agency Information		
<b>Funding Source:</b>	CARE ACT ESSER Fund	
<b>Report Prepared By:</b>	Sara Asmussen	
<b>Agency Name:</b>	New Dawn Charter High School	
<b>Mailing Address:</b>	760 DeKalb Avenue	
	Street	
	Brooklyn	NY 11216
	City	State Zip Code
<b>Telephone # of Report Preparer:</b>	347-505-9102	<b>County:</b> Kings
<b>E-mail Address:</b>	sasmussen@ndchsbrooklyn.org	
<b>Project Funding Dates:</b>	3/13/2020	9/30/2022
	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/>.

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SALARIES FOR PROFESSIONAL STAFF			
Subtotal - Code 15			\$13,520
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Technologist	.16 FTE	\$84,500	\$13,520

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary

PURCHASED SERVICES			
Subtotal - Code 40			\$24,000
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Online Curriculum and Learning Solutions	Edgenuity	Portion of Contract	\$24,000



SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$78,814
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Signage and Posters	1.00	\$264.00	\$264
PPE Materials and Supplies	10 months	\$720.00	\$7,200
Additional Cleaning Supplies	150 Days	\$39,000.00	\$39,000
Hearing Impaired Equipment	1 with three units	\$1,100.00	\$1,100
Chromebooks	125.00	\$250.00	\$31,250

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

Employee Benefits		
		Subtotal - Code 80
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)		



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	
B.	Approved Restricted Indirect Cost Rate	
C.	Subtotal - Code 90	

For your information, maximum direct cost base = \$116,334.00

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.

PURCHASED SERVICES WITH BOCES			
			Subtotal - Code 49
Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure

MINOR REMODELING		
Subtotal - Code 30		
Description of Work to be Performed	Calculation of Cost	Proposed Expenditure

EQUIPMENT			
Subtotal - Code 20			
Description of Item	Quantity	Unit Cost	Proposed Expenditure

**BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$13,520
Support Staff Salaries	16	
Purchased Services	40	\$24,000
Supplies and Materials	45	\$78,814
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$116,334

Agency Code: **331500861061**Project #: **5890-21-4195**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 \_\_\_\_\_

**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).

10/30/20 *Sara M. Asmussen*  
 Date Signature

**Sara Asmussen, CEO****Name and Title of Chief Administrative Officer**

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

Approved \_\_\_\_\_

MIR \_\_\_\_\_

1:55 PM

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