

= Required Field

Local Agency Information			
Funding Source:	ARP-ESSER		
Report Prepared By:	Yara Bruno		
Agency Name:	Harlem Children's Zone Inc Promise Academy II Charter School		
Mailing Address:	1463 5th Avenue		
	Street		
	New York	N.Y.	10035
	City	State	Zip Code
Telephone # of Report Preparer:	(646) 208-8436	County: Manhattan	
E-mail Address:	yara.bruno@hczpromise.org		
Project Funding Dates:	<u>3/13/2020</u> Start	<u>9/30/2024</u> 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			\$1,099,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Director of Education Training (FTE 0.50 25 months x monthly rate)	25.00	\$6,042.00	\$151,050
Educational Training Coach (25 months x monthly rate)	25.00	\$10,417.00	\$260,425
Educational Training Coach (25 months x monthly rate)	25.00	\$10,417.00	\$260,425
Educational Training Coach (25 months x monthly rate)	25.00	\$10,417.00	\$260,425
Counselor (25 months x monthly rate)	25.00	\$6,667.00	\$166,675

SALARIES FOR SUPPORT STAFF

Subtotal - Code 16			\$1,587,600
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Tutor (35 hours x 108 weeks)	3780.00	\$30.00	\$113,400
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BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$1,099,000
Support Staff Salaries	16	\$1,587,600
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$494,722
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$3,181,322

Agency Code:

Project #:

Contract #:

Agency Name:

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To _____

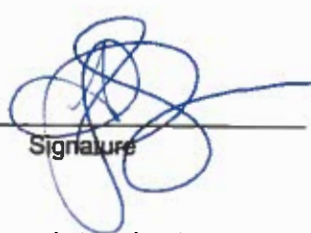
Program Approval: _____ Date: _____

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

12/8/21
Date


Signature

Dr. Achil Petit, Superintendent

Name and Title of Chief Administrative Officer

Finance: Logged _____ Approved _____ MIR _____