

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

Funding Source:	ESSER Fund	
Report Prepared By:	Timothy Castanza	
Agency Name:	Bridge Preparatory Charter School	
Mailing Address:	715 Ocean Terrace, Building E	
	Street	
	Staten Island	NY 10301
	City	State Zip Code
Telephone # of Report Preparer:	718-274-3437	County: Richmond
E-mail Address:	tim@bridgeprepcharter.org	
Project Funding Dates:	3/13/20	30-Sep-23
	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			\$77,050
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Academic Intervention and Support Teacher	1.00	\$77,050	\$77,050

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$36,142
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
After School Teachers	4.00	\$9,035.50	\$36,142

PURCHASED SERVICES			
Subtotal - Code 40			
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure

SUPPLIES AND MATERIALS			
Subtotal - Code 45			
Description of Item	Quantity	Unit Cost	Proposed Expenditure

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 = \$113,192.00

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	\$77,050
Support Staff Salaries	16	\$36,142
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$113,192

Agency Code:

353100861144

Project #:

5891-21-XXXX

Contract #:

Agency Name:

Bridge Preparatory Charter School

FOR DEPARTMENT USE ONLY

Funding Dates:

From

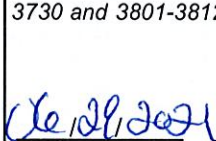
To

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

Timothy Castanza- Executive Director

Name and Title of Chief Administrative Officer

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

Voucher #

First Payment

Finance: Logged _____

Approved _____

MIR _____