

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

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

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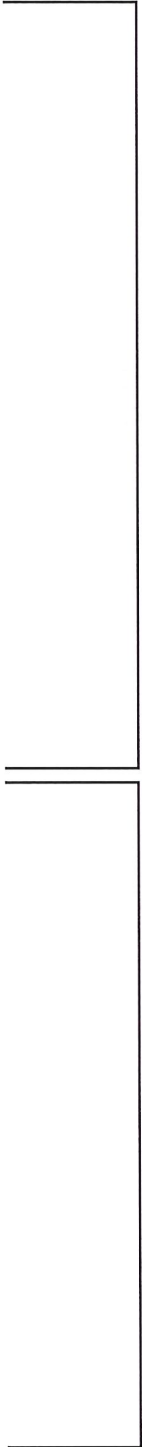
**Local Agency Information**

<b>Funding Source:</b>	ESSER II CARES ACT	
<b>Report Prepared By:</b>	Jenny Pichardo, Chief Operating/Finance Officer	
<b>Agency Name:</b>	Inwood Academy for Leadership Charter School	
<b>Mailing Address:</b>	3896 10th Avenue	
	Street	
	New York	10034
	City	Zip Code
<b>Telephone # of Report Preparer:</b>	212-304-0103	<b>County:</b> Manhattan
<b>E-mail Address:</b>	<a href="mailto:jenny.pichardo@inwoodacademy.org">jenny.pichardo@inwoodacademy.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/>.

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SALARIES FOR PROFESSIONAL STAFF			
Subtotal - Code 15			\$300,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
MS Summer School Teachers	20 FTE	\$75,000	\$75,000
HS Summer School Teachers	20 FTE	\$75,000	\$75,000
HS Afterschool Staff	20 FTE	\$150,000	\$150,000

PURCHASED SERVICES			
Subtotal - Code 40			\$840,000
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Mental Health Services and Support for students, Peer Group Connection Program Training for 4 Staff Members	Center for Supportive Schools	4 people training at \$3000 per person	\$10,000
Mental Health Services and Support for students, Collaborative Problem Solving Training, implementation and coaching for 11 staff members	Think:Kids	22 staff training at \$970.20 per person	\$20,000
Mental Health Services and Support for staff	Farrah Wellness	10 workshops for staff at \$1000	\$10,000
HVAC purchase, Replacement, removal, installation	New Tech	1 (25 ton trane unit)X \$199,0000	\$199,000
Air Conditiners units purchase, replacement, removal and installation	New Tech	22 units at \$17,889 per unit	\$401,000
Window replacement, removal and installation	Replacement by Anderson	46 window at \$4350 per windwo	\$200,000

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$93,697
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Chromebooks	312.00	\$300.00	\$93,697



**BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$300,000
Support Staff Salaries	16	
Purchased Services	40	\$840,000
Supplies and Materials	45	\$93,697
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$1,233,697

Agency Code: **310600860966**Project #: **5890-21-4690**

Contract #:

Agency Name: **Inwood Academy for Leadership 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).*

8/24/21  
Date

Signature

**Jenny Pichardo, COO/CFO****Name and Title of Chief Administrative Officer****Fiscal Year****First Payment****Line #**

Voucher #

First Payment