


SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$2,112,000
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$154,178
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$2,266,178

Agency Code:	<b>310400860919</b>
Project #:	<b>5880-21-4410</b>
Contract #:	
Agency Name:	<b>DREAM Charter School</b>

**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).*

11 / 03 / 2021        
 Date                                      Signature

**Eve Colavito / Co-Chief Executive Officer**  
**Name and Title of Chief Administrative Officer**

**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	

= Required Field

Local Agency Information		
<b>Funding Source:</b>	American Rescue Plan Act (ARP)	
<b>Report Prepared By:</b>	Lydia Tommy	
<b>Agency Name:</b>	DREAM Charter School (East Harlem)	
<b>Mailing Address:</b>	1991 Second Avenue	
	Street	
	New York	10029
	City	Zip Code
<b>Telephone # of Report Preparer:</b>	646-518-0783	<b>County:</b> New York
<b>E-mail Address:</b>	<a href="mailto:ltommy@wearedream.org">ltommy@wearedream.org</a>	
<b>Project Funding Dates:</b>	3/13/2020 Start	9/30/2024 End

INSTRUCTIONS
<ul style="list-style-type: none"> <li>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.</li> <li>The Chief Administrator's Certification on the Budget Summary worksheet must be signed by the agency's Chief Administrative Officer or properly authorized designee.</li> <li>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.</li> <li>For information on budgeting refer to the Fiscal Guidelines for Federal and State Aided Grants at <a href="http://www.oms.nysed.gov/cafe/guidance/">http://www.oms.nysed.gov/cafe/guidance/</a>.</li> </ul>

SALARIES FOR PROFESSIONAL STAFF			
Subtotal - Code 15			\$2,112,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Teacher	2.09	\$92,000	\$192,000
Teacher	2.36	\$81,186	\$192,000
Teacher	2.31	\$83,208	\$192,000
Teacher	2.40	\$80,000	\$192,000
Teacher	2.39	\$80,340	\$192,000
Teacher	2.18	\$88,000	\$192,000
Teacher	2.26	\$85,000	\$192,000
Teacher	2.34	\$81,980	\$192,000
Teacher	2.40	\$80,000	\$192,000
Teacher	2.26	\$85,000	\$192,000
Teacher	2.38	\$80,628	\$192,000



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	\$154,178
Benefit		Proposed Expenditure	
Social Security		\$154,178	
<b>Retirement</b>	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) <b>**Manual Entry</b>	
B.	Approved Restricted Indirect Cost Rate	
C.	Subtotal - Code 90	

For your information, maximum direct cost base = \$2,266,178.00

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