


| SUBTOTAL               | CODE | PROJECT COSTS |
|------------------------|------|---------------|
| Professional Salaries  | 15   | \$1,236,000   |
| Support Staff Salaries | 16   |               |
| Purchased Services     | 40   |               |
| Supplies and Materials | 45   |               |
| Travel Expenses        | 46   |               |
| Employee Benefits      | 80   | \$91,500      |
| Indirect Cost          | 90   |               |
| BOCES Services         | 49   |               |
| Minor Remodeling       | 30   |               |
| Equipment              | 20   |               |
| Grand Total            |      | \$1,327,500   |

|              |                             |
|--------------|-----------------------------|
| Agency Code: | <b>320700861167</b>         |
| Project #:   | <b>5880-21-5505</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 / 3 / 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

| <b>Local Agency Information</b>        |  |   |  |
|--|--|---|--|
| <b>Funding Source:</b>                 | <span style="background-color: #d4edda;">American Rescue Plan Act (ARP)</span>                                   |   |  |
| <b>Report Prepared By:</b>             | <span style="background-color: #d4edda;">Lydia Tommy</span>  |   |  |
| <b>Agency Name:</b>                    | <span style="background-color: #d4edda;">DREAM Charter School (Mott Haven)</span>                                |   |  |
| <b>Mailing Address:</b>                | <span style="background-color: #d4edda;">1991 Second Avenue</span>   |   |  |
|  | <span style="background-color: #d4edda;">Street</span>   |   |  |
|  | <span style="background-color: #d4edda;">New York</span>   | <span style="background-color: #d4edda;">NY</span>                      | <span style="background-color: #d4edda;">10029</span>    |
|  | <span style="background-color: #d4edda;">City</span>   | <span style="background-color: #d4edda;">State</span>                   | <span style="background-color: #d4edda;">Zip Code</span> |
| <b>Telephone # of Report Preparer:</b> | <span style="background-color: #d4edda;">646-518-0783</span>   | <b>County:</b> <span style="background-color: #d4edda;">New York</span> |  |
| <b>E-mail Address:</b>                 | <span style="background-color: #d4edda;"><a href="mailto:ltommy@wearedream.org">ltommy@wearedream.org</a></span> |   |  |
| <b>Project Funding Dates:</b>          | <u>3/13/2020</u><br>Start  | <u>9/30/2024</u><br>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              |                      |                        | \$1,236,000    |
| Specific Position Title         | Full-Time Equivalent | Annualized Rate of Pay | Project Salary |
| Academic Dean                   | 1.99                 | \$94,454               | \$188,000      |
| Academic Dean                   | 2.04                 | \$90,000               | \$184,000      |
| Academic Dean                   | 1.75                 | \$105,000              | \$184,000      |
| Teacher                         | 2.36                 | \$72,000               | \$170,000      |
| Teacher                         | 2.13                 | \$80,000               | \$170,000      |
| Teacher                         | 2.00                 | \$85,000               | \$170,000      |
| Teacher                         | 2.21                 | \$77,000               | \$170,000      |
|                                 |                      |                        |                |
|                                 |                      |                        |                |



| 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   |
|                        |                          | \$91,500             |
| Benefit                |                          | Proposed Expenditure |
| Social Security        |                          | \$91,500             |
| <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 = \$1,327,500.00

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 |
|                     |          |           |                      |
|                     |          |           |                      |
|                     |          |           |                      |