

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:	<input type="checkbox"/> ARP - ESSER	<input type="checkbox"/>	
Report Prepared By:	<input type="checkbox"/> Yusuf Akyar		
Agency Name:	<input type="checkbox"/> Utica Academy of Science Charter School		
Mailing Address:	<input type="checkbox"/> 1409 W.Genesee St		
	<input type="checkbox"/> Street		
	<input type="checkbox"/> Syracuse	<input type="checkbox"/> NY	<input type="checkbox"/> 13204
	<input type="checkbox"/> City	<input type="checkbox"/> State	<input type="checkbox"/> Zip Code
Telephone # of Report Preparer:	<input type="checkbox"/> 315-671-5470	County: <input type="checkbox"/> Onondaga	
E-mail Address:	<input type="checkbox"/> akyar@sany.org		
Project Funding Dates:	<u>March 13,2020</u> Start	<u>September 30,2024</u> End	

INSTRUCTIONS
<ul style="list-style-type: none"> ● 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			\$770,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Guidance Counselor I	2.00	\$50,000	\$100,000
Guidance Counselor II	2.00	\$50,000	\$100,000
ELL/Special Education Teacher	2.00	\$55,000	\$110,000
ENL Teacher	2.00	\$65,000	\$130,000
Science/Coding Teacher	2.00	\$50,000	\$100,000
Summer School Teacher I	0.20	\$50,000	\$10,000
Summer School Teacher II	0.20	\$50,000	\$10,000
Summer School Teacher III	0.20	\$50,000	\$10,000
Summer School Teacher IV	0.20	\$50,000	\$10,000
Summer School Teacher V	0.20	\$50,000	\$10,000
Summer School Teacher VI	0.20	\$50,000	\$10,000
Summer School Teacher VII	0.20	\$50,000	\$10,000
Technology Coordinator	2.00	\$80,000	\$160,000

SALARIES FOR SUPPORT STAFF

			Subtotal - Code 16	\$712,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary	
Intervention Support Teacher	2.00	\$38,000.00	\$76,000	
Intervention Support Teacher II	2.00	\$38,000.00	\$76,000	
Intervention Support Teacher III	2.00	\$38,000.00	\$76,000	
Intervention Support Teacher IV	2.00	\$38,000.00	\$76,000	
Intervention Support Teacher V	2.00	\$38,000.00	\$76,000	
Intervention Support Teacher VI	2.00	\$38,000.00	\$76,000	
Teacher Assistant	2.00	\$32,000.00	\$64,000	
Teacher Assistant II	2.00	\$32,000.00	\$64,000	
Support Teacher for MS	2.00	\$32,000.00	\$64,000	
Support Teacher II for MS	2.00	\$32,000.00	\$64,000	

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$182,000
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Chromebook and License	560.00	\$325.00	\$182,000

Employee Benefits			
		Subtotal - Code 80	\$427,574
Benefit		Proposed Expenditure	
Social Security		\$91,884	
Retirement	New York State Teachers	\$145,236	
	New York State Employees		
	Other - Pension		
Health Insurance		\$190,454	
Worker's Compensation			
Unemployment Insurance			
Other(Identify)			

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$770,000
Support Staff Salaries	16	\$712,000
Purchased Services	40	
Supplies and Materials	45	\$182,000
Travel Expenses	46	
Employee Benefits	80	\$427,574
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$2,091,574

Agency Code: **412300861058**

Project #: **5880-21-1058**

Contract #: _____

Agency Name: **Utica Academy of Science Charter School**

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).

08/04/2021 _____
 Date Signature

Taylor Haydeli - Superintendent
 Name and Title of Chief Administrative Officer

Finance: Logged _____

Approved _____

MIR _____