

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

**PROPOSED BUDGET FOR  
 FEDERAL OR STATE PROGRAMS  
 FS-10 (03/15)**

= Required Field

Local Agency Information		
<b>Funding Source:</b>	ESSER 3 (ARP)	
<b>Report Prepared By:</b>	Darlene Alvarez	
<b>Agency Name:</b>	La Cima Charter School	
<b>Mailing Address:</b>	800 Gates Ave - 3rd Floor	
	Street	
	Brooklyn	11221
	City	Zip Code
<b>Telephone # of Report Preparer:</b>	718 443 2136 <input type="checkbox"/>	<b>County:</b> Kings
<b>E-mail Address:</b>	<a href="mailto:dalvarez@lacimacharterschool.org">dalvarez@lacimacharterschool.org</a>	
<b>Project Funding Dates:</b>	3/13/2020	9/30/2024
	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			\$985,306
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
<b>2021-22 ARP Learning Loss Department</b>			
Learning Loss Kindergarten Teacher 1	0.50	\$96,900	\$48,450
Learning Loss Kindergarten Teacher 2	0.50	\$45,900	\$22,950
Learning Loss Kindergarten Teacher 3	0.50	\$61,429	\$30,714
Learning Loss Grade 1 Teacher	0.50	\$64,748	\$32,374
Learning Loss Grade 2 Teacher 1	0.50	\$69,188	\$34,594
Learning Loss Grade 2 Teacher 2	0.50	\$66,874	\$33,437
Learning Loss Grade 2 Teacher 3	0.50	\$109,627	\$54,813
Learning Loss Grade 3 Teacher 1	0.50	\$77,237	\$38,618
Learning Loss Grade 4 Teacher 1	0.50	\$96,523	\$48,261
Learning Loss Grade 4 Teacher 2	0.50	\$58,190	\$29,095
<b>2022-23 ARP Learning Loss Department</b>			
Learning Loss Kindergarten Teacher 1	1.00	\$98,000	\$98,000
Learning Loss Kindergarten Teacher 2	1.00	\$47,000	\$47,000
Learning Loss Kindergarten Teacher 3	1.00	\$64,000	\$64,000
Learning Loss Grade 1 Teacher	1.00	\$67,000	\$67,000
Learning Loss Grade 2 Teacher 1	1.00	\$72,000	\$72,000
Learning Loss Grade 2 Teacher 2	1.00	\$69,000	\$69,000
Learning Loss Grade 2 Teacher 3	1.00	\$115,000	\$115,000
Learning Loss Grade 3 Teacher 1	1.00	\$80,000	\$80,000

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$41,346
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Replacement Lenovo Laptops	69.00	\$599.21	\$41,346

**BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$985,306
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	\$41,346
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$1,026,652

Agency Code: **331600860924**

Project #: **5880-21-4435**

Contract #: \_\_\_\_\_

Agency Name: **La Cima 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

**Name and Title of Chief Administrative Officer**

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

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____

Voucher #

First Payment