

= Required Field

<b>Local Agency Information</b>			
<b>Funding Source:</b>	ESSER III (ARP ACT)		
<b>Report Prepared By:</b>	Dayneesa McMillan		
<b>Agency Name:</b>	KIPP AMP Charter School		
<b>Mailing Address:</b>	1224 Park Place, 4th Floor		
	Street		
	Brooklyn	New York	11213
	City	State	Zip Code
<b>Telephone # of Report Preparer:</b>	212-910-2610	<b>County:</b> Brooklyn	
<b>E-mail Address:</b>	<a href="mailto:dmcmillan@kippnyc.org">dmcmillan@kippnyc.org</a>		
<b>Project Funding Dates:</b>	7/1/2021 Start	9/30/2024 End	

<b>INSTRUCTIONS</b>
<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		\$637,932
Specific Position Title	Full-Time Equivalent	
Principal		1.00
Principal		1.00
Principal in Residence		1.00
Principal in Residence		1.00
Procurement Director		0.13

**SALARIES FOR SUPPORT STAFF**

Subtotal - Code 16		\$635,575
Specific Position Title	Full-Time Equivalent	
Interventionist Y1		1.00
Interventionist Y2		1.00
Stipend- Assistant to KIPP Through College Coordinator)		1.00
Cares Grant Specialist- PT Y1		0.13
Cares Grant Specialist- PT Y2		0.13
After School Specialist- FT Y1		0.13
After School Specialist- FT Y2		0.13
Stipend-7th Grade Science		1.00
Stipend-7th Grade Social Studies		1.00
Instructional Assistant Y1		1.00
Instructional Assistant Y2		1.00
Instructional Assistant Y1		1.00
Instructional Assistant Y2		1.00
Social Worker Y1		1.00
Social Worker Y2		1.00
Social Worker Y1		1.00
Social Worker Y2		1.00
Remote School		0.13
Remote School		0.13
Remote School		0.13
Remote School		0.13
Remote School		0.13
Remote School		0.13
Remote School		0.13
Remote School		0.13

**PURCHASED SERVICES**

Subtotal - Code 40			\$433,800
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Swing Subs	Swing Education	175 swing subs for teachers and instructional staff per school at 500	\$87,500
Tutors	On Your Mark	(\$18/hour x 2 hours/day x 5 days x 11 weeks x 30 fellows) per semester * 2 for two semesters *1 for 1 years	\$118,800
Afterschool Expansion Program Y3	Kids in the Game (KING)	4 grades *35 students/grade*10 months * \$125/ student	\$175,000
Furniture moves for hybrid learning (social distancing in classroom)	Collins Moving	40 class rooms at \$500 per classrooms	\$20,000
Equity Training	Forged ED	\$20,000.00	\$20,000
Chromebook Repairs	ACS International Resources Inc.	40 repairs at \$62.5 per repair	\$2,500.00
MakerBot Student Certification Online Course 30 Seats, Digital	MakerBot	375 seats(30 seats for \$800)	\$10,000

**SUPPLIES AND MATERIALS**

Subtotal - Code 45			\$269,649
Description of Item	Quantity	Unit Cost	Proposed Expenditure
COVID-19 testing	15,400.00	\$5.00	\$77,000
Remote School Supplies(Printing and books)	32.00	\$87.50	\$2,800
Business Continuity: Chromebooks for Key Staff Members	10.00	\$1,508.84	\$15,088.40
CoderZ Curriculum	1.00	\$16,114.00	\$16,114
MakerBot Sketch Kit Single Printer Setup	2.00	\$999.50	\$1,999
Adobe Creative Cloud all Apps Shared Device license for schools	50.00	\$24.96	\$1,248
Chromebooks	85.00	\$350.00	\$29,750
Summer School Supplies STEM Kits Personal Student Kits (pencils, crayons, note pads, glue, paint. Etc.) Gym Supplies Year 2	359 students	\$175/ student	\$62,825
Summer School Supplies STEM Kits Personal Student Kits (pencils, crayons, note pads, glue, paint. Etc.) Gym Supplies Year 3	359 students	\$175/ student	\$62,825

Employee Benefits			
		Subtotal - Code 80	\$172,883
Benefit		Proposed Expenditure	
Social Security		\$43,198	
Retirement	New York State Teachers		
	New York State Employees		
	Other - Pension		\$51,134
Health Insurance		\$78,551	
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>	\$1,816,479
B.	Approved Restricted Indirect Cost Rate	10.00%
C.	Subtotal - Code 90	\$181,648

For your information, maximum direct cost base = \$2,149,839.39

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.

**BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$637,932
Support Staff Salaries	16	\$635,575
Purchased Services	40	\$433,800
Supplies and Materials	45	\$269,649
Travel Expenses	46	
Employee Benefits	80	\$172,883
Indirect Cost	90	\$181,648
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$2,331,487

Agency Code:

Project #:

Contract #:

Agency Name:

**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).*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Signature

**James Manly, Superintendent**

Name and Title of Chief Administrative Officer

Finance: Logged \_\_\_\_\_ Approved \_\_\_\_\_ MIR \_\_\_\_\_