#### **BUDGET NARRATIVE**

LEA: Global Community Charter School	FOR TITLE: ESSER 3 (ARP)
BEDSCODE: 310500861012	

# \*\* MUST BE SUBMITTED WITH EACH BUDGET IN THE CONSOLIDATED APPLICATION

If using Transferability, please indicate on the Budget Narrative and FS-10 the amount of funds to be included under transferability in the budget categories where funds will be used. Example: In the Title IIA budget under Code 15 – Transferability - Title I Reading Teacher – FTE.35 - \$15,000.

CODE/ BUDGET CATEGORY	EXPLANATION OF EXPENDITURES IN THIS CATEGORY (as it relates to the program narrative for this title)
Code 15	(us it retities to the program nurraitre for this title)
Professional Salaries	Our school is dedicating our entire ARP allocation to school year salaries and summer/after school programs to address learning loss throughout our student population.
Code 16 Support Staff Salaries	
Code 40	
Purchased Services	
Code 45	
Supplies and Materials	
Code 46	
Travel Expenses	

EXPLANATION OF EXPENDITURES IN THIS CATEGORY (as it relates to the program narrative for this title)

# 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

6.9	Local Agenc	y Information	
Funding Source: A	RP ESSER		
Report Prepared By: B	ill Holmes		
Agency Name: G	lobal Community Ch	arter School	
Mailing Address: 23	350 Fifth Ave		
A		Street	
	New York	NY	10037
	City	State	Zip Code
elephone # of port Preparer: 646-360-236	3	County: New	York
mail Address: bholmes@gl	obalcommunitycs.or	<u>g</u>	Cangen 9 Responses V
Project Funding Dates:	3/13/2020	)	9/30/2024
Inca vas	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/.

	Subtotal - Code 15	\$1,272,092
Full-Time Equivalent	Annualized Rate of Pay	Project Salary
1.00	\$75,000	\$75,000
1.00	\$75,000	\$75,000
1.00	\$75,000	\$75,000
1.00	\$75,000	\$75,000
15.00	\$222 per day/per teacher	\$100,000
1.00	\$78,000	\$78,000
1.00	\$78,000	\$78,000
1.00	\$78,000	\$78,000
1.00	\$78,000	\$78,000
15.00	\$255 per day/per teacher	\$115,000
5/58	rest of	econolisms to the
1.00	\$82,000	\$82,000
1.00	\$82,000	\$82,000
1.00	\$82,000	\$82,000
1.00	\$82,000	\$82,000
15.00	\$260 per day/per teacher	\$117,092
	1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	Equivalent         Pay           1.00         \$75,000           1.00         \$75,000           1.00         \$75,000           1.00         \$75,000           15.00         \$222 per day/per teacher           1.00         \$78,000           1.00         \$78,000           1.00         \$78,000           1.00         \$78,000           1.00         \$82,000           1.00         \$82,000           1.00         \$82,000           1.00         \$82,000           1.00         \$82,000           1.00         \$82,000           \$260 per day/per

### **BUDGET SUMMARY**

Agency Code:

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$1,272,092
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total \$1,272,09		
CHIEF ADMINISTRATOR'S CERTIFICATION  By signing this report, I certify to the best of my  knowledge and belief that the report is true, complete,		

Project #:	5880-21-4155
Contract #:	
Agency Name:	Global Community Charter School
FOR D	EPARTMENT USE ONLY

310500861012

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).

	de Title 18, Section 1001 and Title 730 and 3801-3812).
9 /2% 24 Date	William Holms Signature
William Hoha	of Chief Administrative Officer

FOR DEPARTMENT USE ONLY		
Funding Dates:	From	То
Program Approval:	Date:	
<u>Fiscal Year</u>	First Payment	Line #
		-
Voucher #	First	Payment