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	y Informat	ion	
Funding Source:	ARP-ESSER Application	on – Part 2		
Report Prepared By:	Tiffney Jones			
Agency Name:	NYC Autism Charter School East Harlem			
Mailing Address:	433 East 100th Street			
	Street			
	New York	NY	10029	
	City	State	Zip Code	
Telephone # of Report Preparer: 646-373-3771 County: New York				
E-mail Address: tjones@nycacharterschool.org				
Project Funding Dates: 3/13/2020 Start			9/30/2024 End	
	Otan		EIIU	

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	S FOR PROFESSION	ONAL STAFF	
		Subtotal - Code 15	\$114,659
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Clinical Supervisors	1.53	\$75,000	\$114,659

BUDGET SUMMARY

SUBTOTAL CODE PROJECT COSTS Professional Salaries 15 \$114,659 Support Staff Salaries 16 Purchased Services 40 Supplies and Materials 45 Travel Expenses 46 Employee Benefits 80 Indirect Cost 90 BCCES Services 49 Minor Remodeling 30 Equipment 20 Grand Total \$114,659 CHIEF ADMINISTRATOR'S CERTIFICATION By signing this report. I certify to the best of my knowledge and belief that the report is true, complete, who should be soft of the release of the purposes and objectives set forth in the terms and conditions of the Federal (Ostale) award. I am aware that any false, flictitious, or fraudulent information, or the omission of any material fact, may subject me to considerative penalties (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812). Support Staff Salaries 16 Project # 5880-21-5400 Agency Name: NYC Autism Charter School East Harlem NYC Autism Charter School East Harlem Agency Name: NYC Autism Charter School East Harlem FOR DEPARTMENT USE ONLY From To Program Approval: From To Program Approval: Date: Fiscal Year First Payment Line # Fiscal Year First Payment Line # Julia Flaherf Executive Director Name and Title of Chief Administrative Officer			BU	DGET SUMMARY	•
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 \$114,659 CHIEF ADMINISTRATOR'S CERTIFICATION By signiful 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, flatitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false stellarments, sites claims or or indusivation (U.S. Code Title 16, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812). Julia Fisher/ Executive Director	SUBTOTAL	CODE	PROJECT COSTS		
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Supplies and Materials 45 Travel Expenses 46 Employee Benefits 80 Indirect Cost 90 BOCES Services 49 Minor Remodeling 30 Equipment 20 Grand Total \$114,659 FOR DEPARTMENT USE ONLY From To 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 oriminal, 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). Signature Julia Fisher/ Executive Director	Support Staff Salaries	16			
Travel Expenses 46 Employee Benefits 80 Indirect Cost 90 BOCES Services 49 Minor Remodeling 30 Equipment 20 Grand Total \$114,659 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 stelements, false claims, or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812). Signature Contract #: Agency Name: NYC Autism Charter School East Harlem NYC Autism Charter School East Harlem FOR DEPARTMENT USE ONLY From To Program Approval: Program Approval: Fiscal Year First Payment Line # Line # Julia Fisher/ Executive Director	Purchased Services	40		Project #:	5880-21-5400
Employee Benefits 80 Indirect Cost 90 BOCES Services 49 Minor Remodeling 30 Equipment 20 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, flictitious, 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). Julia Fisher/ Executive Director	Supplies and Materials	45			
Agency Name: NYC Autism Charter School East Harlem Minor Remodeling 30 Equipment 20 Grand Total \$114,659 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). Julia Fisher/ Executive Director	Travel Expenses	46		Contract #:	
Agency Name: NYC Autism Charter School East Harlem Minor Remodeling 30 Equipment 20 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, flottious, 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). Agency Name: NYC Autism Charter School East Harlem	Employee Benefits	80			
Minor Remodeling 30 Equipment 20 Grand Total \$114,659 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). Signature Julia Fisher/ Executive Director	Indirect Cost	90			
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Julia Fisher/ Executive Director	award. I am aware that an information, or the omission subject me to criminal, civil for fraud, false statements, (U.S. Code Title 18, Section	y false, fan n of any i , or admi false cla n 1001 a	ictitious, or fraudulent material fact, may inistrative penalties ims, or otherwise.	Fiscal Year	First Payment Line #
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First Payment