

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		
<b>Funding Source:</b>	Title I, Part A	
<b>Report Prepared By:</b>	Meg Brown	
<b>Agency Name:</b>	PAVE Academy Charter School	
<b>Mailing Address:</b>	732 Henry Street	
	Street	
	Brooklyn	NY 11231
	City	State Zip Code
<b>Telephone # of Report Preparer:</b>	(718) 858-7813	<b>County:</b> Kings
<b>E-mail Address:</b>	<a href="mailto:info.rh@paveschools.org">info.rh@paveschools.org</a>	
<b>Project Funding Dates:</b>	9/1/22 Start	8/31/23 End

INSTRUCTIONS
<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			\$143,736
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Social Worker	0.55	\$77,849	\$42,817
Homeless Liaison	0.05	\$77,849	\$3,893
Director of High School Placement	0.549995	\$66,077	\$36,342
Family Community Engagement	0.421343	\$77,571	\$32,684
Director of After School Programming	0.35	\$80,000	\$28,000

PURCHASED SERVICES			
Subtotal - Code 40			\$33,000
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Student Data Analysis and Support	Education Business Solutions/Ed Ops	10 mths @ \$3,300 per month	\$33,000

Employee Benefits	
Subtotal - Code 80	\$22,510
Benefit	Proposed Expenditure
Social Security	\$8,912
<b>Retirement</b>	New York State Teachers
	New York State Employees
	Other - Pension
Health Insurance	\$11,514
Worker's Compensation	
Unemployment Insurance	
Other(Identify)	
Medicare	\$2,084



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<b>Funding Source:</b>	Title II, Part A	
<b>Report Prepared By:</b>	Meg Brown	
<b>Agency Name:</b>	PAVE Academy Charter School	
<b>Mailing Address:</b>	732 Henry Street	
	Street	
	Brooklyn	NY 11231
	City	State Zip Code
<b>Telephone # of Report Preparer:</b>	(718) 858-7813	<b>County:</b> Kings
<b>E-mail Address:</b>	info.rh@paveschools.org	
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PURCHASED SERVICES			
			Subtotal - Code 40
			\$22,705
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Curriculum and Professional Development	Lavinia Group	7.57 days at \$3,000/day	\$22,705



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	Street	
	Brooklyn	NY 11231
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PURCHASED SERVICES			
Subtotal - Code 40			\$15,288
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
TRANSFERABILITY to Title II - Professional Development and Coaching	Lavinia Group	5.1 days at \$3,000/day	\$15,288

**BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	16	
Purchased Services	40	\$15,288
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$15,288

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).*

8/25/2022 \_\_\_\_\_  
Date Signature

**Marsha Gadsden, Executive Director**  
Name and Title of Chief Administrative Officer

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