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

## PROPOSED BUDGET FOR A **FEDERAL OR STATE PROJECT** FS-10 (03/15)

	= Requ	uired	Field
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r	Local Agend	cy Information	
Funding Source:	ARP - ESSER		
Report Prepared By:	Yusuf Akyar		
Agency Name:	Syracuse Academy	of Science and	Citizenship Charter School
Mailing Address:	1409 W.Genesee S		
	100	Stree	t
	Syracuse	NY	13204
L	City	State	Zip Code
relephone # of 315-671-5	5470	County:	Onondaga
-mail Address: akyar@sa	any.org		
Project Funding Dates:	March 13,20	)20	September 30,2024
_	Start		End

- 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	\$840,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Intervention Specialist I	2.00	\$60,000	\$120,000
Intervention Specialist II	2.00	\$60,000	\$120,000
Intervention Specialist III	2.00	\$60,000	\$120,000
Speech Language Pathologist	2.00	\$60,000	\$120,000
Guidance Councelor	2.00	\$60,000	\$120,000
AIS Teacher I	2.00	\$60,000	\$120,000
AIS Teacher II	2.00	\$60,000	\$120,000

SALAR	IES FOR SUPPOF	RT STAFF	
		Subtotal - Code 16	\$304,000
Specific Position Title	Full-Time Annualized Rate of Project Salary		
Intervention Support Teacher I	2.00	\$38,000.00	\$76,000
Intervention Support Teacher II	2.00	\$38,000.00	\$76,000
Intervention Support Teacher III	2.00	\$38,000.00	\$76,000
Intervention Support Teacher IV	2.00	\$38,000.00	\$76,000

	Employee Benefits	
	Subtotal - Code 80	\$279,099
	Benefit	Proposed Expenditure
Social Security		\$70,928
	New York State Teachers	\$104,858
Retirement	New York State Employees	· <del>·</del>
	Other - Pension	
Health Insurance		\$103,313
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		
		-
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EQUIPMENT			
Subtotal - Code 20 \$60,0			
Quantity	Unit Cost	Proposed Expenditure	
12.00	\$5,000.00	\$60,000	
	Quantity	Subtotal - Code 20  Quantity Unit Cost	

## **BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$840,000
Support Staff Salaries	16	\$304,000
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$279,099
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	\$60,000
Grand Total		\$1,483,099

Agency Code:	421800861124
Project #:	5880-21-1124
Contract #:	
Agency Name:	Syracuse Academy of Science and Citizenship Charter School

# **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).

12,13, 2021	Mayel
Date	Signature

Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLY		
Funding Dates:	From	То
Program Approval:	Dat	e:
Fiscal Year	First Payment	<u>Line #</u>
		<u> </u>
Voucher#	Fir	st Payment

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