

**Local Agency Information**

Funding Source: ARP ESSER

Report Prepared By: Leonard Goldberg, CEO

Agency Name: The Opportunity Charter School

Mailing Address: 240 West 113<sup>th</sup> Street

Street		
New York	NY	10026
City	State	Zip Code

Telephone #: 212-866-6137 County: New York

E-Mail Address: lgoldberg@ocsnv.org

Project Operation Dates: 03 / 13 / 2020 09 / 30 / 2024  
Start End

**INSTRUCTIONS**

- ❖ Submit the original 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 the Grants Finance.
- ❖ Enter whole dollar amounts only.
- ❖ Prior approval by means of an approved budget (FS-10) or budget amendment (FS-10-A) is required for:
  - Personnel positions, number and type
  - Equipment items having a unit value of \$5,000 or more, number and type
  - Minor remodeling
  - Any increase in a budget subtotal (professional salaries, purchased services, travel, etc.) by more than 10 percent or \$1,000, whichever is greater
  - Any increase in the total budget amount.
- ❖ Certification on page 8 must be signed by Chief Administrative Officer or properly authorized designee.
- ❖ High quality computer generated reproductions of this form may be used.
- ❖ For further information on budgeting, please refer to the Fiscal Guidelines for Federal and State Aided Grants which may be accessed at [www.oms.nysed.gov/caf/](http://www.oms.nysed.gov/caf/) or call Grants Finance at (518) 474-4815.

**SALARIES FOR PROFESSIONAL STAFF: Code 15**

Include only staff that are employees of the agency. Do not include consultants or per diem staff. Do not include central administrative staff that are considered to be indirect costs, e.g., business office staff. One full-time equivalent (FTE) equals one person working an entire week each week of the project. Express partial FTE's in decimals, e.g., a teacher working one day per week equals .2 FTE.

Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Teacher	1.00	58,917	58,917
Teacher	1.00	92,949	92,949
Teacher	1.00	89,340	89,340
Teacher	1.00	83,418	83,418
Teacher	1.00	91,127	91,127
Teacher	1.00	85,086	85,086
Teacher	1.00	78,606	78,606
Teacher	1.00	83,418	83,418
Subtotal - Code 15			<b>\$662,861</b>

**SALARIES FOR SUPPORT STAFF: Code 16**

Include salaries for teacher aides, secretarial and clerical assistance, and for personnel in pupil transportation and building operation and maintenance. Do not include central administrative staff that are considered to be indirect costs, e.g., account clerks.

Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Subtotal - Code 16			

**PURCHASED SERVICES: Code 40**

Include consultants (indicate per diem rate), rentals, tuition, and other contractual services. Copies of contracts may be requested by the State Education Department. Purchased Services from a BOCES, if other than applicant agency, should be budgeted under Purchased Services with BOCES, Code 49.

Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Lease additional space in order to adhere to guidance from NYCDOH, CDC and NYCDOE for the reopening and operation of school facilities to effectively maintain the health and safety of students, educators and other staff	315 West 113th Street, LLC	CCI Rent Basement 8/21-9/24 \$224,213 & 1st Floor \$259,989 (9/21-11/21; 11/21-11/22; 12/22-9/23)	484,202
Offer afterschool programming that provides unique learning experiences to engage students in interests that establish a pathway to college or develop skills of the future. This will include extended learning and enrichment programs. (The required reserve of 20% of funds - to address the academic impact of lost instructional time through the implementation of evidence-based interventions, such as summer learning or summer enrichment, extended day, comprehensive afterschool programs, or extended school year.)	Concord Education	2 years at 190,000	380,000
Weekly Covid-19 testing of 25% of staff and students in order to safely return students to in-person instruction	C-19 Safety First	121.5 individual x \$20=\$2430 x 30 weeks	72,900
Subtotal - Code 40			<b>\$937,102</b>

**SUPPLIES AND MATERIALS: Code 45**

Beginning with the 2005-06 year include computer software, library books and equipment items under \$5,000 per unit.

For earlier years include computer software, library books and equipment items under 1,000 per unit.

Description of Item	Quantity	Unit Cost	Proposed Expenditure
Subtotal - Code 45			

**TRAVEL EXPENSES: Code 46**

Include pupil transportation, conference costs and travel of staff between instructional sites. Specify agency approved mileage rate for travel by personal car or school-owned vehicle.

Position of Traveler	Destination and Purpose	Calculation of Cost	Proposed Expenditures
Subtotal - Code 46			

**EMPLOYEE BENEFITS: Code 80**

Rates used for project personnel must be the same as those used for other agency personnel.

<b>Benefit</b>		<b>Proposed Expenditure</b>
<b>Social Security</b>		50,709
<b>Retirement</b>	<b>New York State Teachers</b>	56,923
	<b>New York State Employees</b>	
	<b>Other</b>	
<b>Health Insurance</b>		39,772
<b>Worker's Compensation</b>		9,942
<b>Unemployment Insurance</b>		9,942
<b>Other (Identify)</b>		
Subtotal – Code 80		<b>\$167,288</b>

**INDIRECT COST: Code 90**

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)	\$	(A)
B. Approved Restricted Indirect Cost Rate	%	(B)
C. (A) x (B) = Total Indirect Cost	\$	(C)
Subtotal – Code 90		

**PURCHASED SERVICES WITH BOCES: Code 49**

<b>Description of Services</b>	<b>Name of BOCES</b>	<b>Calculation of Cost</b>	<b>Proposed Expenditure</b>

Subtotal – Code 49

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**MINOR REMODELING: Code 30**

Allowable costs include salaries, associated employee benefits, purchased services, and supplies and materials related to alterations to existing sites.

Description of Work To be Performed	Calculation of Cost	Proposed Expenditure
Subtotal – Code 30		

**EQUIPMENT: Code 20**

Beginning with the 2005-06 year all equipment to be purchased in support of this project with a unit cost of \$5,000 or more should be itemized in this category. Equipment items under \$5,000 should be budgeted under Supplies and Materials, Code 45. Repairs of equipment should be budgeted under Purchased Services, Code 40.

For earlier years the threshold for reporting equipment purchases was \$1,000 or more. Equipment items under \$1,000 should be budgeted under Supplies and Materials.

Description of Item	Quantity	Unit Cost	Proposed Expenditure
Dividers for Gym	11	1685.36	18,539
Folding chairs/desks	68	75.01	5,101
Air Purifiers	15	187.00	2,805
Air Filters	18	63.32	1,140
Subtotal – Code 20			<b>\$27,585</b>

**HELPFUL REMINDERS**

- ❖ Check for the required number of copies to be submitted, including the number of original signature copies. The number of copies may vary from program to program. If unsure, contact the State Education Department office responsible for the program for which you are applying.
- ❖ An approved copy of the FS-10 will be returned to the contact person at the address completed on page 1. A window envelope will be used for the return mailing; please make sure that the contact information is accurate, legible, and confined to the address field.

### FS-10 Page 8

- ❖ Be sure to check your math and carry all subtotals forward to the Summary on Page 8. Simple mathematical errors often require Grants Finance to contact both the local agency and other State Education Department offices, resulting in unnecessary delays in program approval. And remember, use whole dollars only.
- ❖ School districts and BOCES should use the restricted indirect cost rate that has been approved for the school year in which the grant will operate. Most other agencies are subject to a fixed maximum rate depending on the grant program and type of agency. Contact Grants Finance at (518) 474-4815 if you have any questions regarding indirect costs.
- ❖ The modified direct cost used in the calculation of indirect cost must exclude equipment, minor remodeling, the portion of each subcontract exceeding \$25,000 and any flow through funds.
- ❖ Be sure to complete the Agency Code on Page 8 as well as the Project #, if pre-assigned.
- ❖ For Special Legislative projects and Grant Contracts, please enter the Contract #.
- ❖ For ease of data entry at the State Education Department, please make sure that Page 8 faces out.
- ❖ Submit forms to the State Education Department as follows:

Application, FS-10, FS-10-A – Program Office

FS-25, FS-10-F for **Special Legislative Projects** –  
Special Legislative Projects Coordinating Team  
New York State Education Department  
Room 132 Education Building  
Albany, New York 12234

FS-25, FS-10-F for other projects –  
Grants Finance  
New York State Education Department  
Room 510W Education Building  
Albany, New York 12234



# BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$662,861
Support Staff Salaries	16	
Purchased Services	40	\$937,102
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$167,288
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	\$27,585
Grand Total		\$1,794,836

Agency Code:

Project #:  
(If pre-assigned)

Contract #:

Federal Employer ID #:  
(New non-municipal agencies only)

Agency Name: Opportunity Charter School

**FOR DEPARTMENT USE ONLY**

Funding Dates: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_


Program Approval: \_\_\_\_\_ Date: \_\_\_\_\_

<u>Fiscal Year</u>	<u>Amount Budgeted</u>	<u>First Payment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Voucher #	First Payment	
Finance: <input type="text"/>	<input type="text"/>	<input type="text"/>
Log	Approved	MIR

**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).*

9/30/21  
Date

  
Signature

Leonard Goldberg, CEO  
Name and Title of Chief Administrative Officer