

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		
Funding Source:	ARP ESSER	
Report Prepared By:	Katherine Corbett	
Agency Name:	Imagine Me Leadership Charter School	
Mailing Address:	818 Schenck Ave	
	Street	
	Brooklyn	NY 11207
	City	State Zip Code
Telephone # of Report Preparer:	347-985-2140	County: Kings
E-mail Address:	kcorbett@imlcs.org	
Project Funding Dates:	3/13/2020	9/30/2024
	Start	End

INSTRUCTIONS	
<ul style="list-style-type: none"> • 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 FOR PROFESSIONAL STAFF			
Subtotal - Code 15			\$367,150
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Afterschool - ELA & Math Support - Supervisor - 2021-22	Stipend	1 x \$48/hr x 125	\$6,000
Afterschool - ELA & Math Support - Teachers - 2021-22	Stipends	8 T x \$50/hr x 125hrs	\$50,000
Afterschool - ELA & Math Support - Tutors 2021-22	Stipends	2 T x \$30/hr x 125 hrs	\$7,500
Tutoring Program - ELA - 8 Teachers	Stipend	8 x \$50 x 45 days	\$18,000
Tutoring Program - Math 7 Teachers	Stipend	7 x \$50 x 46 days	\$16,100
Tutoring Program - 3 1-2 Teachers	Stipend	3 x \$50 x 91	\$13,650
Behavioral Therapist	1.00	\$74,750	\$74,750
Technology Coordinator (2022-23)	1.00	\$86,250	\$86,250
Afterschool Enrichment - 10 Teachers	Stipends	10 x \$50/hr x 125 hrs	\$62,500
Saturday Scholars - 12 Teachers	Stipends	12 x \$50/hr x 3 hrs x 11 Saturdays	\$19,800
Saturday Scholars - 4 Tutors	Stipends	4 x \$30/hr x 3 hrs x 11 Saturdays	\$3,960
Spring Break Support - 12 Teachers	Stipend	12 x \$50/hr x 3 hrs x 4 days	\$7,200
Spring Break Support - 4 Tutors	Stipend	4 x \$30/hr x 3 hrs x 4 days	\$1,440

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$16,750
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
After School - ELA & Math Support - Aides 2021-22	Stipend	2 Aides x \$25/hr x 125 hrs	\$6,250
After School - ELA & Math Support - security 2021-22	Stipend	1 x \$25/hr x 3 hrs x 125	\$9,375
Saturday Scholars - 1 Aide	Stipend	1 x \$25/hr x 3 hrs x 11 Saturdays	\$825
Spring Break - 1 Aide	Stipend	1 x \$25/hr x 3hrs x 4 days	\$300

PURCHASED SERVICES

PURCHASED SERVICES			
Subtotal - Code 40			\$468,605
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Lease of Additional Classroom Space resulting from COVID 19 Spacing requirements	JSB Realty No 3 LLC	48.21% of \$42/sqft x 23,142 for year 1 = \$971,964	\$468,605
	Contract		
	Agency Name		

FOR DEPARTMENT USE ONLY

Funding Codes: _____

Request Approval: _____

Requester: _____

Request Date: _____

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$367,150
Support Staff Salaries	16	\$16,750
Purchased Services	40	\$468,605
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$852,505

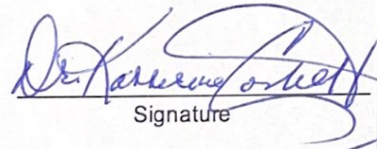
Agency Code:

Project #:

Contract #:

Agency Name:

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).

10/25/21 
 Date Signature

Dr. Katherine Corbett, CEO
 Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

<u>Fiscal Year</u>	<u>First Payment</u>	<u>Line #</u>
_____	_____	_____
_____	_____	_____
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Voucher # _____ First Payment _____

Finance: Logged _____ Approved _____ MIR _____