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
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	Local Agend	y Informati	on	
Funding Source	CARES Act - ESSER	N. Jany		
Report Prepared By	Anita Amoh			
Agency Name	Growing Up Green Charter School			
Mailing Address	: 39-27 28th Street Street			
	Queens City	NY State	11101 Zip Code	1
Telephone # of Report Preparer: 347-64	2-4306	County:	Queens	
E-mail Address: amoh@	gugcs.org			
Project Funding Dates	:3/13/2020 Start)	9/30/2022 End	2.00 Ref

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/.

SUPPLI	ES AND MATE	RIALS	
		Subtotal - Code 45	\$128,071
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Promo HP Chromebook 11A G8 EE, A4- 9120C APU	612.00	\$209.45	\$128,071

BUDGET SUMMARY

Funding Dates:

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	\$128,071
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grar	nd Total	\$128,071

Agency Code: 343000860952
Project #: 5890-21-4620
Contract #:
Agency Name: GROWING UP GREEN 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).

11 16 12020	Matta 9
Date	Signature

Name and Title of Chief Administrative Officer

	FIOIII	10
Program Approval:	Date	:
Fiscal Year	First Payment	Line #
		-

First Payment

FOR DEPARTMENT USE ONLY

Voucher #

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 Finance:
 Logged ______
 Approved ______
 MIR ______