

= Required Field

Local Agency Information		
Funding Source:	HCY State Reserve	
Report Prepared By:	Dr. Laurie B. Midgette	
Agency Name:	Cultural Arts Academy Charter Shool at Spring Creek	
Mailing Address:	1400 Linden Boulevard	
	Street	
	Brooklyn	NY
	City	State
	11212	Zip Code
Telephone # of Report Preparer:	718-683-3300	County: Kings
E-mail Address:	lmidgette@caa-ny.org	
Project Funding Dates:	3/13/2020 Start	9/30/2024 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/.

SUPPLIES AND MATERIALS

Subtotal - Code 45			\$8,835
Description of Item	Quantity	Unit Cost	Proposed Expenditure
HCY State Reserve Homeless Expenditure-Knapsacks with school supplies, extended learning experience fees, basic hygiene items, and potential food pantry goods.	Approx 30 Homeless Students	\$300.00	\$8,835

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	\$8,835
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$8,835

Agency Code:	331800860988
Project #:	5219-21-4750
Contract #:	
Agency Name:	Cultural Arts Academy Charter School at Spring Creek

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).

06/29/23

Signature

Dr. Laurie Midgette, Principal-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>
Voucher #	First Payment	

Finance: Logged _____ Approved _____ MIR _____