

= Required Field

|                  |                                   |           |
|------------------|-----------------------------------|-----------|
| Agency Name:     | ARLEM VILLAGE ACADEMY WEST CHARTE | Manhattan |
| Mailing Address: | 35 West 124th Street              | County    |
|                  | New York, NY 10027                |           |

|                 |   |              |   |
|-----------------|---|--------------|---|
| Agency Code:    | <input type="text" value="310500860848"/>             | Amendment #: | <input type="text" value="001"/>          |
| Project Number: | <input type="text" value="5880-21-4286"/>             |              |   |
| Contract #:     | <input type="text"/>                                  |              |   |
| Contact Person: | <input type="text" value="Chuck Klein"/>              | Tel:         | <input type="text" value="646-812-9571"/> |
| E-mail Address: | <input type="text" value="cklein@harlemvillage.org"/> |              |   |

**INSTRUCTIONS**

- Submit the original and two copies directly to the same State Education Department office where budget was mailed. DO NOT submit this form to Grants Finance.
- This form need only be submitted for budget changes that require prior approval as follows:
  - 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.
- Amendment # at top of this page must be completed.
- If extra room is needed for explanations, expand the rows using the row breaks on the left.
- Do not use the FS-10-A for requesting a project extension.

**CHIEF ADMINISTRATOR'S CERTIFICATION**

*By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, & accurate, & the expenditures, disbursements, & cash receipts are for the purposes & objectives set forth in the terms & 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).*

Date: 6/2/2023 Signature: \_\_\_\_\_

**FOR DEPARTMENT USE ONLY**

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

Finance:

| SUBTOTAL                    | EXPLANATION<br>(Provide same detail as required in FS-10 Budget)  | SUBTOTAL INCREASE | SUBTOTAL DECREASE |
|-----------------------------|---|-------------------|-------------------|
| 15 - Professional Salaries  | HVA's Summer Learning Program will resume the Summer of 2022. Teachers whom agreed to assist our efforts in addressing learning loss will receive a stipend, up to \$17k, for their planning and implementation of hybrid instruction to students in need. HVA will also hire Literacy and Mathematics Interventionist to assist our efforts in combating learning loss throughout the 2021-2022 school year. |                   | \$819,500         |
| 16 - Support Staff Salaries |   |                   |                   |
| 40 - Purchased Services     | HVA hired The Lavinia Group a renowned professional development organization whom will lead intensive training session and provide additional classroom instruction as our efforts to combat learning loss continues.   | \$1,114,163       |                   |
| 45 - Supplies & Materials   | HVA will purchase educational technology for newly enrolled students; aiding a reliable, consistent, and substantive educational interaction between students and their classroom instructors. We will also procure instructional supplies and reading material for students experiencing unique circumstances as a result of COVID-19 and/or preexistent conditions.   |                   | \$226,560         |
| 46 - Travel Expenses        |   |                   |                   |
| 80 - Employee Benefits      | 11.65% of fringe benefits:<br>6.20% - Social Security<br>1.45% - Medicare<br>4.00% - Employer Retirement Contribution   |                   | \$68,103          |
| 90 - Indirect Cost          |   |                   |                   |
| 49 - Boces Services         |   |                   |                   |

|                          |                             |        |                  |   |
|--------------------------|-----------------------------|--------|------------------|---|
| 30 - Minor Remodeling    |                             |        |                  |   |
| 20 - Equipment           |                             |        |                  |   |
| <b>ENTER BUDGET &gt;</b> | Total Increase or Decrease: | (+) \$ | 1,114,163        | (-) \$ <span style="float: right;">1,114,163</span> |
|                          | Net Increase or Decrease:   | \$ 0   |                  |   |
|                          | Previous Budget Total:      | \$     | 2,561,669        |   |
|                          | Proposed Amended Total:     | \$     | <b>2,561,669</b> |   |