

MAILED
9/11/2023

The University of the State of New York
THE STATE EDUCATION DEPARTMENT

**PROPOSED AMENDMENT FOR A
FEDERAL OR STATE PROJECT
FS-10-A (03/15)**

= Required Field

Agency Name:	Scio Central School District	Allegany
Mailing Address:	3968 Washington Street	County
	Scio, NY 14880	

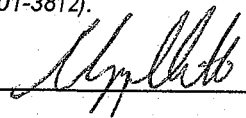
Agency Code:	<input type="text" value="022401040000"/>	Amendment #:	<input type="text" value="002"/>
Project Number:	<input type="text" value="5882-21-0130"/>		
Contract #:	<input type="text"/>		
Contact Person:	<input type="text" value="JENNIFER CAPPELLETTI"/>	Tel:	<input type="text" value="(585) 593-5510"/>
E-mail Address:	<input type="text" value="JCAPPELLETTI@SCIOCSD.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: 9/8/2023 Signature: 

FOR DEPARTMENT USE ONLY

Program Approval:	<input type="text"/>	Date:	<input type="text"/>
Finance:	<input type="checkbox"/>	<input type="checkbox"/>	
	Logged	Approved	

SUBTOTAL	EXPLANATION (Provide same details as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 - Professional Salaries	Add'l summer teachers/teaching assistants	\$3,261	
16 - Support Staff Salaries	Decrease in Teacher Aide hours (\$3,079); increase in School Nurse hours (\$600); increase in bus driver/bus attendant hours (\$2,479)		
40 - Purchased Services	Decrease in Summer YMCA program cost (\$1,601); addition of summer skating party (\$200)		\$1,401
45 - Supplies & Materials	Purchased fewer supplies than budgeted		\$3,461
46 - Travel Expenses	Field trip mileage and tolls	\$1,601	
80 - Employee Benefits			
90 - Indirect Cost			
49 - Boces Services			
30 - Minor Remodeling			
20 - Equipment			
	Total Increase or Decrease:	(+) \$ 4,862	(-) \$ 4,862
	Net Increase or Decrease:	\$ 0	
ENTER BUDGET >	Previous Budget Total:	\$	115,361
	Proposed Amended Total:	\$	115,361