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 | | | | | | |
|--|---|--|--|--|--|--|
| Mailing Address | s: 3968 Washington Street County | | | | | |
| | Scio, NY 14880 | | | | | |
| | | | | | | |
| Agency Code: | 022401040000 Amendment #: 003 | | | | | |
| Project Number: | 5891-21-0130 Americanent #. 5003 | | | | | |
| Contract #: | | | | | | |
| Contact Person: | Nichele Linderman Tel: (585) 593-5510 ext. 1180 | | | | | |
| E-mail Address: | nlinderman@sciocsd.org | | | | | |
| INSTRUCTION | IS | | | | | |
| Submit the original and two copies directly to the same State Education Department office where budget was mailed. | | | | | | |
| DO NOT submit this form | m to Grants Finance. be submitted for budget changes that require prior approval as follows: | | | | | |
| | ns, number and type | | | | | |
| | having a unit value of \$5,000 or more, number and type | | | | | |
| Minor remodeling | | | | | | |
| | budget subtotal (professional salaries, purchased services, travel, etc.) by more than 10 percent | | | | | |
| or \$1,000, whicheve | ne total budget amount. | | | | | |
| · · · · · · · · · · · · · · · · · · · | of this page must be completed. | | | | | |
| | ed for explanations, expand the rows using the row breaks on the left. | | | | | |
| Do not use the FS-10-A for requesting a project extension. | | | | | | |
| <u> </u> | 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. | | | | | | |
| | ction 1001 and Title 31, Sections 3729-3730 and 3801-3812). | | | | | |
| | | | | | | |
| Date: | 2/21/2023 Signature: My Chil | | | | | |
| <u></u> | | | | | | |
| | / FOR DEPARTMENT USE ONLY | | | | | |
| Program Approval: | Date: 3/28/23 | | | | | |
| | 4/3/23° 4/3/27 mk | | | | | |

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| SUBTOTAL | EXPLANATION (Provide same detail as required in FS-10 Budget) | | SUBTOTAL INGREASE | SUBTOTAL DECREASE |
|-----------------------------|---|--------|----------------------|----------------------|
| 15. Professional Salaries | Increase to Elementary Special Edu Teacher salary (22-23) | cation | \$9,875 | |
| 16 - Support Staff Salaries | | | | |
| 40 - Purchased Services | | | | |
| 45 - Supplies & Materials | see attached | | \$10,102 | \$14,535 |
| 46 - Travel Expenses | | | | |
| 80 - Employee Benefits | increase FICA/Med \$4,198; increase \$360 | TRS | \$4,558 | |
| 90 - Indirect Cost | | | | |
| 49 - Boces Services | | | | |
| 30 - Minor-Remodeling | | | | |
| 20 - Equipment | purchased embroidery machine w/ alt funding | ernate | | \$10,000 |
| | Total Increase or Decrease: | (+)\$ | 24,535 | (-) \$ 24,535 |
| | Net Increase or Decrease: | \$ | | 0 |
| ENTER BUDGET > | Previous Budget Total: | \$ | | 337,955 |
| | Proposed Amended Total: | \$ | | 337,955 |

3/20/2023 5:40 PM