

## 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

e a servicio al segui de la magnitura de universi		
Agency Name	Scio Central School District	Allegany
Mailing Address		County
	Scio, NY 14880	
Agency Code:	022401040000	
Project Number:	5880-21-0130	Amendment #: 005
r roject itallibor.	0000721701000	
Contract #:		
Contact Person:	NICHELE LINDERMAN	Tel: (585) 596-6313
E-mail Address:	NLINDERMAN@SCIOCSD.ORG	
INICTOLICTION	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	
• Submit the original ar	<b>15</b> nd two copies directly to the same State Education	on Donartment office where hudget was
DO NOT submit this for	m to Grants Finance.	on Department office where budget was mailed.
	e submitted for budget changes that require price	or approval as follows:
	ns, number and type	
<ul><li>Equipment items</li><li>Minor remodeling</li></ul>	having a unit value of \$5,000 or more, number a	and type
		ed services, travel, etc.) by more than 10 percent
or \$1,000, whicheve	er is greater	ou out vious, auvoi, oto.) by more than to percent
	ne total budget amount.	
	of this page must be completed.  ed for explanations, expand the rows using the ro	with the state of the total
	-A for requesting a project extension.	ow breaks on the leπ.
	The requesting a project extension.	
	CHIEF ADMINISTRATOR'S CEI	
By signing this report, I	certify to the best of my knowledge and belief th	at the report is true, complete, & accurate, & the
Federal (or State) awar	nents, & cash receipts are for the purposes& obj d. I am aware that any false,fictitious, or fraudule	ent information, or the omission of any material
fact may subject me to	criminal, civil, or administrative penaltiesfor fraud	d, false statements, false claims, or otherwise.
(U.S. Code Title 18, Sec	ction 1001 and Title 31, Sections 3729-3730 and	1 3801-3812).
Date	: 1/11/2024 Signatur	If Whi.
Date.	:	e. July of the second
	FAB 5-0-5-1	,,
1	FOR DEPARTMENT USE	ONLY
Program Approval:		Date:
Finance:		
	l ogged Approved	

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)		SUBTOTAL INCREASE		SUBTOTAL DECREASE	
15 - Professional Salaries						
16 - Support Staff Salaries						
40 - Purchased Services						
45 - Supplies & Materials	Teacher chairs (1 @ \$252.12; 1 @ \$329.9 1 @ \$300.00; 1 @ \$201.88; 1@ \$230.30	3; ct 0); (1	\$5,801			
46 - Travel Expenses						
80 - Employee Benefits						
90 - Indirect Cost						
49 - Boces Services						
30 - Minor Remodeling						
20 - Equipment	Auditorium sound system was not replace	∍d			\$5,8	01
	Total Increase or Decrease: (+	) \$	5,801	(-) \$	5,8	301
	Net Increase or Decrease:	\$				0
ENTER BUDGET >	Previous Budget Total:	\$			754,1	14
2 of 2	Proposed Amended Total:	\$			<b>754.1</b> : 1/9/2024 2:2	14 1 P