

PROPOSED AMENDMENT FOR A

FEDERAL OR STATE PROJECT

FS-10-A (03/15)

The University of the State of New York THE STATE EDUCATION DEPARTMENT 6 1 2 2021

OFFICE OF ACCOUNTABILITY

100 Cale	= R	equired	Field
----------	-----	---------	-------

Agency Name Mailing Address		Allegany County		
Agency Code:	022401040000	Amendment #: 001		
Project Number:	5895-21-0130			
Contract #:				
Contact Person:	Nichele Linderman	Tel: (585) 593-5510 ext. 1180		
E-mail Address:	nlinderman@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 penaltiesfor fraud, false statements, false claims, or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812) 8/9/2020 Date: Signature:

	FOR DEPARTMENT US	SE ONLY
Program Approval: _	dei Orapin	Date: 9-15-21
Finance:	1/17/21 Dolsky Logged Approved	

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)		SUBTOTAL INGREASE	100000000000000000000000000000000000000	BTOTAL CREASE
15 - Professional Salaries					
16 Support Staff Salaries	Over-budgeted earnings for tempor cleaner (-\$4,768); Add'l food service hours due to modified food service operations for COVID (+\$2,814)	elper e			\$1,954
40 - Purchased Services					
45 - Supplies & Materials					
46 Travel Expenses					
80 - Employee Benefits	Transfer over-budgeted support sta salaries to Social Security (\$963), El (\$1,245), and worker's comp (\$254	RS	\$1,954		
90 = Indirect Cost					
49 Boces Sérvices					
30 - Minor Remodeling					
20 - Equipment					
	Total Increase or Decrease:	(+)\$	1,954	(-) \$	1,954
	Net Increase or Decrease.	\$			0
ENTER BUDGET >	Previous Budget Total:	\$			15,254
	Proposed Amended Total:	\$			15,254