## 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 Fie	∍ld		
Agency Name: Mailing Address:	Akron Central Schoo 47 Bloomingdale A Akron, NY 140	Avenue		RIE unty		
Agency Code: Project Number:	142101 04 0000 5880-21-0830	]	Amendment #:	001		
Contract #: Contact Person:	Andrea Kersten		Tel: 71	6-542-5065		
E-mail Address:  INSTRUCTION:						
<ul> <li>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.</li> <li>This form need only be submitted for budget changes that require prior approval as follows: <ul> <li>Personnel positions, number and type</li> <li>Equipment items having a unit value of \$5,000 or more, number and type</li> <li>Minor remodeling</li> <li>Any increase in a budget subtotal (professional salaries, purchased services, travel, etc.) by more than 10 percent or \$1,000, whichever is greater</li> <li>Any increase in the total budget amount.</li> </ul> </li> <li>Amendment # at top of this page must be completed.</li> <li>If extra room is needed for explanations, expand the rows using the row breaks on the left.</li> <li>Do not use the FS-10-A for requesting a project extension.</li> </ul>						
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).						
Date:		Signature:				
FOR DEPARTMENT USE ONLY						
Program Approval:			Date:	:		
Finance:						

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Logged	Annroyad	
Loadea	Approved	

SUBTOTAL	EXPLANATION (Drouide some detail or required in		SUBTOTAL		SUBTOTAL
SUBTUTAL	(Provide same detail as required in FS-10 Budget)		INCREASE		DECREASE
15 - Professional Salaries	Overestimate of Professional Salaries- AR Coordinator Stipend \$12,000; SEL Coach Stip \$9,600; Covid Data Mangmt & Reporting Stip \$12,000; Student & Staff Covid Testing Coord. S \$10,000; Teacher AsstAIS Support MS \$4,	end end Stipend			\$47,600
16 - Support Staff Salaries					
<b>40</b> - Purchased Services					
45 - Supplies & Materials	Use allocation for purchase of approx. interactive display boards at the cost \$4,500 each.		\$47,600		
46 - Travel Expenses					
80 - Employee Benefits					
90 - Indirect Cost					
<b>49</b> - Boces Services					
<b>30</b> - Minor Remodeling					
<b>20</b> - Equipment					
	Total Increase or Decrease:	(+) \$	47,600	(-) \$	47,600
	Net Increase or Decrease:	\$			0
ENTER BUDGET >	Previous Budget Total:	\$			1,750,451

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Proposed Amended Total:	\$ 1,750,451
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