

= Required Field

Agency Name:	Sandy Creek Central School	Oswego
Mailing Address:	PO BOX 248	County
	Sandy Creek Central School	

Agency Code:	<input type="text" value="461901040000"/>	Amendment #:	<input type="text" value="001"/>
Project Number:	<input type="text" value="5884-21-2365"/>		
Contract #:	<input type="text"/>		
Contact Person:	<input type="text" value="Cora Harvey"/>	Tel:	<input type="text" value="3153873445"/>
E-mail Address:	<input type="text" value="cora.harvey@sccs.cnyric.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: 1/10/24 Signature: *Kevin J. ...*

FOR DEPARTMENT USE ONLY

Program Approval: _____ Date: _____

Finance:

Logged Approved

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
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15 - Professional Salaries	REDUCE SALARIES TO ACTUAL - ALLOCATE TO OTHER AREAS, Additional elementary interventionist needed, one less FTE Middle School interventionist, transfer finance coordination of \$10,000 to code 16,				\$12,835
16 - Support Staff Salaries	SUPPORT STAFF NEEDED: TEACHER AIDE (TWO YEARS), TRANSFER \$10,000 FINANCE COORDINATION from 15 TO 16 and add \$1,500, increase Teacher Aide from 2 FTE to 3 FTE, reduce after school teacher aide hours		\$64,321		
40 - Purchased Services					
45 - Supplies & Materials	Supplies needed		\$279		
46 - Travel Expenses					
80 - Employee Benefits	REDUCE BENEFITS TO ACTUAL				\$51,765
90 - Indirect Cost					
49 - Boces Services					
30 - Minor Remodeling					
20 - Equipment					
ENTER BUDGET >	Total Increase or Decrease:	(+) \$	64,600	(-) \$	64,600
	Net Increase or Decrease:	\$	0		
	Previous Budget Total:	\$	889,543		
	Proposed Amended Total:	\$	889,543		