

COPY

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)

Received
SEP 22 2022
Office of Accountability

= Required Field

Agency Name:	Scotia-Glenville	Schenectady
Mailing Address:	900 Preddice Parkway	County
	Scotia, NY 12302	

Agency Code:	<input type="text" value="530202060000"/>	Amendment #:	<input type="text" value="002"/>
Project Number:	<input type="text" value="5880-21-5302<sup>2735</sup>"/>		
Contract #:	<input type="text"/>		
Contact Person:	<input type="text" value="Karen Swain"/>	Tel:	<input type="text" value="518-347-3600 ext 72101"/>
E-mail Address:	<input type="text" value="kswain@sgcsd.net"/>		

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: 09/16/2022 Signature: [Handwritten Signature]

FOR DEPARTMENT USE ONLY

Program Approval: Kathleen Pratt Date: 10/11/2022
Finance: 10/18/22 [Signature]

RECEIVED

Logged

Approved

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 - Professional Salaries	Decrease Tutoring by 39,022, (22,000 to Support Staff, 15,000 to Purchase Services and 2,022 to Supplies)		\$39,022
16 - Support Staff Salaries	Increase by 22,000 for additional nursing 18.5 hours a week for 40 weeks at \$28.52 an hour.	\$22,000	
40 - Purchased Services	Increase of 15,000 for DEI professional development provided by Tangible Development. Change current allocation from ACES to Tangible Development. Change of provider name (20,000)	\$15,000	
45 - Supplies & Materials	Increase of 2,022 purchase 600 student Chromebook bags	\$2,022	
46 - Travel Expenses			
80 - Employee Benefits			
90 - Indirect Cost			
49 - Boces Services			
30 - Minor Remodeling			
20 - Equipment			
Total Increase or Decrease:		(+)	\$ 39,022
Net Increase or Decrease:		\$	(-) \$ 39,022
			0

ENTER BUDGET >

Previous Budget Total:	\$	2,529,664
Proposed Amended Total:	\$	2,529,664