The University of the State of New York

THE STATE EDUCATION DEPARTMENT

(see instructions for mailing address)

PROPOSED AMENDMENT FOR A FEDERAL OR STATE PROJECT FS-10-A (03/15)

Agency Name and Address

| Little Falls City School D | istrict | | | | | | | | | | | | |
|-----------------------------|---------------|--------|-----|---|--------|---|-------|-----|----------|-------|-------------|---|---|
| 15 Petrie Street, Little Fa | lls, NY 13365 | | | | | | Herki | mer | | | | | |
| | | | | | County | | | | | | | _ | |
| | 0 1 | | | | | | | | | | | | 1 |
| Agency Code: | 2 1 | 0 8 | 3 0 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | Amendment # | 1 | |
| Project #: | | 5 8 | 3 9 | 1 | 2 | 1 | 1 | 1 | 2 | 5 | | | |
| | | | | Г | | | | | | | | | |
| Contract #: | | | | | | | | | | | | | |
| Contact Person: | Ashraf All | am | | | | | Tel | .#: | 315- | 823-1 | 470 | | _ |
| E-Mail Address: | aallam@lfcs | sd.org | | | | | | | <u> </u> | | | | |
| | | | | | | | | | | | | | |

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.
- Enter whole dollar amounts only.
- 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.
- ❖ 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, and accurate, and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and 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: _______ SIGNATURE: _______ Chief Administrative Officer FOR DEPARTMENT USE ONLY Program Approval: _______ Date: _______ Date: ________

Approved

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| S | SUBTOTAL | EXPLANATION (Provide same detail as required in FS-10 Budget) | SUBTOTAL INCREASE | SUBTOTAL DECREASE |
|----|---------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
| 15 | Professional Salaries | Reallocation to Code 40 to reflect a switch from district staff to contracted services through a community agency. | | 579,924.00 |
| 16 | Support Staff Salaries | | | |
| 40 | Purchased Services | Reallocation from Code 15 to reflect a switch from district staff to contracted services through a community agency. | 579,924.00 | |
| 45 | Supplies & Materials | | | |
| 46 | Travel Expenses | | | |
| 80 | Employee Benefits | | | |
| 90 | Indirect Cost | | | |
| 49 | BOCES Services | | | |
| 30 | Minor Remodeling | | | |
| 20 | Equipment | | | |
| | | Total Increase or Decrease | 579,924.00 (+) \$ | 579,924.00 (-) \$ |
| | | Net Increase or Decrease | 0 | 9 |
| | | Previous Budget Total | 1,274,37 | 4.00 |
| | | Proposed Amended Total | 1,274,37 | 4.00 |