

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)
ARP ESSER 1%- Summer
Enrichment**

Agency Name and Address

Chazy Union Free School District
609 Miner Farm Road
Chazy, NY 12921

Clinton
County

Agency Code:

0	9	0	6	0	1	0	2	0	0	0	0
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Project #:

5	8	8	2	2	1	0	4	9	0
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Amendment #

003

Contract #:

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Contact Person: Kaitlin Tetrault

Tel. #: 518-846-7135 x507

E-Mail Address: ktetrault@chazy.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.**
- ❖ 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: 10/2/24

SIGNATURE:



Chief Administrative Officer

FOR DEPARTMENT USE ONLY

Program Approval: _____ Date: _____

Finance:

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Log

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Approved

SUBTOTAL		EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15	Professional Salaries			
16	Support Staff Salaries	Decrease: Support Salaries were less than originally anticipated/budgeted for. <ul style="list-style-type: none"> Summer Nurse: \$35/Hour x 40 Hours less than originally budgeted = -\$1,400 		\$1,400
40	Purchased Services			
45	Supplies & Materials	Decrease: Supplies and Materials were less than originally anticipated/budgeted for. -\$2,171		\$2,171
46	Travel Expenses			
80	Employee Benefits	Increase Employee Benefits: Employee Social Security Benefits were greater than originally anticipated/budgeted. <ul style="list-style-type: none"> Social Security: +\$3,571 	\$3,571	
90	Indirect Cost			
49	BOCES Services			
30	Minor Remodeling			
20	Equipment			
Total Increase or Decrease			(+) \$3,571	(-) \$3,571
Net Increase or Decrease				\$0
Previous Budget Total				\$100,002
Proposed Amended Total				\$100,002