

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 Field

Agency Name: <u>Greater Johnstown School District - mlb</u>	<u>Fulton</u>
Mailing Address: <u>1 Sir Bills Circle - Suite 101</u>	<u>County</u>
<u>Johnstown, NY 12095</u>	

Agency Code: <input type="text" value="170600010000"/>	Amendment #: <input type="text" value="001"/>
Project Number: <input type="text" value="5883-21-0965"/>	
Contract #: <input type="text"/>	ARP After School 19%
Contact Person: <input type="text" value="Alicia Koster"/>	Tel: <input type="text" value="518-762-4611"/>
E-mail Address: <input type="text" value="akoster@johnstownschoools.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: _____ Signature: _____

FOR DEPARTMENT USE ONLY

Program Approval: _____	Date: _____
Finance: <input type="text"/>	<input type="text"/>
Logged	Approved

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 - Professional Salaries	Decrease Prof Salaries to actual and to cover purchased services and employee benefits	\$0	\$54,225
16 - Support Staff Salaries		\$0	
40 - Purchased Services	Increase purchased services for Healthy Kids before and after school program and Family Counseling services	\$44,671	\$0
45 - Supplies & Materials		\$0	
46 - Travel Expenses			
80 - Employee Benefits	Add Employee Benefits for Professional Salaries	\$9,554	\$0
90 - Indirect Cost			
49 - Boces Services		\$0	\$0
30 - Minor Remodeling			
20 - Equipment			
Total Increase or Decrease:		(+) \$ 54,225	(-) \$ 54,225
Net Increase or Decrease:		\$ 0	
ENTER BUDGET >	Previous Budget Total:	\$	100,002
	Proposed Amended Total:	\$	100,002