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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> County
Mailing Address: <u>1 Sir Bills Circle - Suite 101</u> <u>Johnstown, NY 12095</u>	

Agency Code: <input type="text" value="170800010000"/>	Amendment #: <input type="text" value="001"/>
Project Number: <input type="text" value="5883-21-0965"/>	
Contract #: <input type="text"/>	
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.

Date Received
MAY 31 2024
Office of Accountability

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: 5.28.24 Signature: [Handwritten Signature]

FOR DEPARTMENT USE ONLY

Program Approval: <u>[Handwritten Signature]</u>	Date: <u>6/14/24</u>
Finance: <input type="text" value="6/28/24"/> Logged	<input type="text" value="7/1/24"/> Approved

[Handwritten Signature]

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			
ENTER BUDGET >	Total Increase or Decrease:	(+) \$ 54,225	(-) \$ 54,225
	Net Increase or Decrease:	\$	0
	Previous Budget Total:	\$	100,002
	Proposed Amended Total:	\$	100,002

PROJECT STATUS REPORT

ALL DATA FOR THIS PROJECT RETRIEVED.

PROJECT #:

SED CODE: 170600010000 SED NAME: JOHNSTOWN CITY SD COUNTY CODE: 17
PROJECT #: 5883210965 FUND TITLE: ARP SLR COMPREHENSIVE AFT NYC DOC #:
PROJECT STATUS: A

PROF SALARY	15	\$45,777	BEGIN DATE:	IND/NRIND CST RATE:
NON PROF SALARY	16	\$0	03/13/20	13.0
PURCH SERVICES	40	\$44,671	END DATE:	FIRST PAYMENT: 20%
SUPP AND MATERIALS	45	\$0	09/30/24	
TRAVEL EXPENSES	46	\$0	CONTRACT #:	
EMPLOYEE BENEFITS	80	\$9,554		
INDIRECT COSTS	90	\$0		
BOCES SERVICES	49	\$0		
REMODELING	30	\$0		
EQUIPMENT	20	\$0		
TOTALS		\$100,002		

<u>FUNDYEAR</u>	<u>ENCUMBERED</u>	<u>PAID TO DATE</u>	<u>OUTSTANDING ENC</u>
588321	\$ 100,002	\$ 39,434	\$ 60,568
588320	0	0	0
588319	0	0	0
	0	0	0
	0	0	0
TOTALS	100,002	39,434	60,568

CASH DETAIL RECORDS

(HELP)

LOG DATES

<u>BUDGET REC</u>	<u>BUDGET ENT</u>	<u>INTRM RECD</u>	<u>INTRM ENT</u>	<u>FINAL RECD</u>	<u>FINAL ENT</u>
03/07/22	03/08/22	08/09/23	08/14/23	00/00/00	00/00/00

CASH DETAIL

ENTRY	DOC #	TRANS	ENC	RPT PD	LINE #	AMOUNT	FUNDYR	MIR	PAID	STAT
03/10/22	565461F	PAY	000	03/22	001	20,000	588321	03/07/22	03/15/22	PD
08/14/23	612854F	PAY	000	06/23	002	19,434	588321	08/09/23	08/17/23	PD

PROJECT TRACKING HISTORY

(HELP)

TRANSACTION	PTS		AMOUNT	STATUS	CAFE	
	DATE REC	DATE APP			CAFE DATE REC	CAFE DATE APP
BUDGET	12/06/21	03/03/22	100,002	BUD	03/07/22	03/08/22
AMEND I	06/05/24	06/26/24	100,002	BUD	06/28/24	07/01/24

