

= Required Field

Agency Name:	Canandaigua City School District	Ontario
Mailing Address:	143 North Pearl Street	County
	Canandaigua, NY 14424	

Agency Code:	<input type="text" value="430300050000"/>	Amendment #:	<input type="text" value="001"/>
Project Number:	<input type="text" value="5880-21-2175"/>		
Contract #:	<input type="text"/>		
Contact Person:	<input type="text" value="Cullen Spencer"/>	Tel:	<input type="text" value="585-396-3725"/>
E-mail Address:	<input type="text" value="spencerc@canandaiguaschools.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="checkbox"/>	<input type="checkbox"/>	
	Logged	Approved	

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE		
15 - Professional Salaries	Due to higher participation in staff professional development workshops than anticipated and the addition of a 1.0 FTE teacher. Additionally, bus driver salaries of \$30,000 and a 1.0 FTE nurse are being eliminated from this budget and replaced with the aforementioned items.	\$210,927			
16 - Support Staff Salaries					
40 - Purchased Services	Due to Family Counseling Service being moved to a BOCES budget in the general fund and increased participation in Solution Tree Professional Learning/Virtual Coaching.		\$103,461		
45 - Supplies & Materials	Due to cleaning supplies per-pupil allocation being moved to the general fund and a reduction of Supplemental and Intervention supplies budget.		\$126,534		
46 - Travel Expenses					
80 - Employee Benefits	Remaining net budget decrease is offset by a transfer to employee health insurance.	\$19,068			
90 - Indirect Cost					
49 - Boces Services					
30 - Minor Remodeling					
20 - Equipment					
ENTER BUDGET >	Total Increase or Decrease:	(+)	\$ 229,995	(-)	\$ 229,995
	Net Increase or Decrease:	\$ 0			
	Previous Budget Total:	\$			
	Proposed Amended Total:	\$ 0			