

= Required Field

|                  |                                  |         |
|------------------|----------------------------------|---------|
| Agency Name:     | Longwood Central School District | Suffolk |
| Mailing Address: | 35 Yaphank Middle Island Road    | County  |
|                  | Middle Island, NY 11953          |         |

|                 |  |              |   |
|-----------------|--|--------------|---|
| Agency Code:    | <input type="text" value="580212060000"/>              | Amendment #: | <input type="text" value="005"/>          |
| Project Number: | <input type="text" value="5891-21-3005"/>              |              |   |
| Contract #:     | <input type="text"/>                                   |              |   |
| Contact Person: | <input type="text" value="Lisa Mato"/>                 | Tel:         | <input type="text" value="631-345-2952"/> |
| E-mail Address: | <input type="text" value="Lisa.Mato@LongwoodCSD.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: 3/28/22 Signature: 

### FOR DEPARTMENT USE ONLY

Program Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Finance:

Logged

Approved

| SUBTOTAL                    | EXPLANATION<br>(Provide same detail as required in<br>FS-10 Budget)   | SUBTOTAL<br>INCREASE | SUBTOTAL<br>DECREASE |
|-----------------------------|---|----------------------|----------------------|
| 15 - Professional Salaries  |   |                      |                      |
| 16 - Support Staff Salaries |   |                      |                      |
| 40 - Purchased Services     | <p><b>Category #10:</b> Transportation costs for District Wide Learning Loss Programs (students attending grades 1-8 Extended Day and/or At Risk Youth in grades 5-12 attending Empire After School Program. Cost based on First Student/Suffolk transportation Contract bid. <b>Deduct [9.131 hrs x 7 schools x \$450/hr] = \$28,763</b></p> <p><b>Category #15:</b> Purchase New York State Individuals with Disabilities (NYSID)/CASO Inc. for digital scanning of student records for easy access and retention of transcripts. Student record years 2012-2015 <b>Increase [160,000 sheets x \$0.15/sheet] = \$24,000</b></p> | \$24,000             | \$28,763             |
| 45 - Supplies & Materials   |   |                      |                      |
| 46 - Travel Expenses        |   |                      |                      |
| 80 - Employee Benefits      |   |                      |                      |

|                       |  |     |              |     |           |  |
|-----------------------|--|-----|--------------|-----|-----------|--|
| 90 - Indirect Cost    | <p>Increase 1.6% <b>Indirect cost</b> due to Purchased Service code prior amendment decreases for transportation provider (FIRST Student/Suffolk transportation). FS10Amend #1 [Personnel &amp; Fringe for MBK/MSK Liaisons <b>\$35,814</b>] + FS10Amend #2 [Personnel &amp; Fringe for Extended Day Session 1 Program <b>\$212,831</b>] + FS10Amend #3 [Purchased Service code for Hoonuit/Powerschool Performance Matters Student Progress Monitoring System <b>\$25,000</b>] + current FS10-Amend#5 [Purchased Service code for NYSID <b>\$24,000</b>] [<b>Calculation: 1.6% x \$297,645 = \$4,763</b>]</p> |     |              |     |           |  |
| 49 - Boces Services   |  |     |              |     |           |  |
| 30 - Minor Remodeling |  |     |              |     |           |  |
| 20 - Equipment        |  |     |              |     |           |  |
| ENTER BUDGET >        | Total Increase or Decrease:  | (+) | \$ 28,763    | (-) | \$ 28,763 |  |
|                       | Net Increase or Decrease:  |     | \$ 0         |     |           |  |
|                       | Previous Budget Total:   |     | \$ 8,127,667 |     |           |  |
|                       | Proposed Amended Total:  |     | \$ 8,127,667 |     |           |  |