

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:	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="004"/>
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: 3/23/22 Signature: 

FOR DEPARTMENT USE ONLY

Program Approval: _____ Date: _____

Finance:

Logged

Approved

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 - Professional Salaries			
16 - Support Staff Salaries	Category #5: Decrease District wide P/T Lead Custodian Trainer for proper sanitation and minimizing the spread of infectious diseases. [0.5 FTE x \$70,000 = \$35,000]		\$35,000
40 - Purchased Services			
45 - Supplies & Materials	Category #8: Decrease District wide Faculty Chromebooks with warranty and whiteglove set up. [792 units x \$1,199.276/unit = \$949,826.59]		\$949,826
46 - Travel Expenses			
80 - Employee Benefits	Category #5: Decrease P/T Medi/Fica [7.65% x \$35,000 = \$2,677]		\$2,677
90 - Indirect Cost	Decrease 1.6% Indirect cost due to Equipment increase for HVAC. [1.6% x \$1,003,560 = \$16,057]		\$16,057
49 - Boces Services			
30 - Minor Remodeling			

20 - Equipment	Activity #18: Increase costs for HVAC upgrade to 2 Schools and add 1 additional school upgrades for supply powers units and building management systems. [3 schools x \$334,520 = \$1,003,560]		\$1,003,560	
	Total Increase or Decrease:	(+) \$	1,003,560	(-) \$ 1,003,560
	Net Increase or Decrease:	\$	0	
	Previous Budget Total:	\$	8,127,667	
	Proposed Amended Total:	\$	8,127,667	

ENTER BUDGET >