

= Required Field

Agency Name:	Mount Pleasant Central School District	Westchester
Mailing Address:	825 Westlake Drive	County
	Thornwood, NY 10594	

Agency Code:	<input type="text" value="660801060000"/>	Amendment #:	<input type="text" value="002"/>
Project Number:	<input type="text" value="5891-21-3705"/>		
Contract #:	<input type="text"/>		
Contact Person:	<input type="text" value="Dr. Adam Bronstein"/>	Tel:	<input type="text" value="(914) 769-5500, x5118"/>
E-mail Address:	<input type="text" value="abronstein@mtplcsd.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: 7/5/2022

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	Decrease in need for faculty positions, with corresponding need for increased support with our new Summer School KinderCamp program.		\$15,300
16 - Support Staff Salaries			
40 - Purchased Services	Need for speech pathologist and occupational therapist to support our new Summer School KinderCamp program for identified incoming kindergarten students.	\$10,000	
45 - Supplies & Materials	Need to purchase supplies and materials for the new Summer School KinderCamp program for identified incoming kindergarten students in their respective classrooms.	\$5,300	
46 - Travel Expenses			
80 - Employee Benefits			
90 - Indirect Cost			
49 - Boces Services			
30 - Minor Remodeling			
20 - Equipment			
Total Increase or Decrease:		(+) \$ 15,300	(-) \$ 15,300
Net Increase or Decrease:		\$ 0	
Previous Budget Total:		\$ 208,525	
Proposed Amended Total:		\$ 208,525	

ENTER BUDGET >