

= 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="003"/>
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: 10/20/2022

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	Increased salary for a classroom teacher assignment to support learning loss through an "intervention lab" at our middle school.	\$3,362			
16 - Support Staff Salaries	Less cost towards the bus supervision for compliance with COVID-19 requirements than originally requested.		\$12,708		
40 - Purchased Services					
45 - Supplies & Materials	Less cost towards the supplies and materials for the new Summer School KinderCamp program than originally anticipated.		\$5,300		
46 - Travel Expenses					
80 - Employee Benefits	Need for the employee benefits (FICA & TRS) associated with "intervention lab" at our middle school in math and writing.	\$14,646			
90 - Indirect Cost					
49 - Boces Services					
30 - Minor Remodeling					
20 - Equipment					
ENTER BUDGET >	Total Increase or Decrease:	(+)	\$ 18,008	(-)	\$ 18,008
	Net Increase or Decrease:	\$ 0			
	Previous Budget Total:	\$ 208,525			
	Proposed Amended Total:	\$ 208,525			