

= Required Field

Agency Name:	Miller Place School District	Suffolk
Mailing Address:	7 Memorial Drive	County
	Miller Place, NY 11764	

Agency Code:	<input type="text" value="580208020000"/>	Amendment #:	<input type="text" value="002"/>
Project Number:	<input type="text" value="5880212990"/>		
Contract #:	<input type="text"/>		
Contact Person:	<input type="text" value="Kurt Roth"/>	Tel:	<input type="text" value="631-474-2700 ext. 743"/>
E-mail Address:	<input type="text" value="kroth@millerplace.k12.ny.us"/>		

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: 11/29/22

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	Reduction in academic center teachers		\$58,816		
16 - Support Staff Salaries	Reduction in nurse salaries		\$718		
40 - Purchased Services	Additional hiring of behavior counselors from SCOPE	\$67,361			
45 - Supplies & Materials					
46 - Travel Expenses					
80 - Employee Benefits	Decrease in salaries lead to a reduction in benefit costs		\$7,827		
90 - Indirect Cost					
49 - Boces Services					
30 - Minor Remodeling					
20 - Equipment					
Total Increase or Decrease:		(+)	\$ 67,361	(-)	\$ 67,361
Net Increase or Decrease:		\$ 0			
Previous Budget Total:		\$ 1,228,216			
Proposed Amended Total:		\$ 1,228,216			

ENTER BUDGET >