

Received

The University of the State of New York
THE STATE EDUCATION DEPARTMENT APR 11 2022

PROPOSED AMENDMENT FOR A
FEDERAL OR STATE PROJECT
FS-10-A (03/15)

Low copy
CRSA
GEER #2

Office of Accountability

■ = Required Field

Agency Code: ■

Amendment #: ■

Project Number: ■

Contract #: ■

Contact Person: ■

Tel: ■

E-mail Address: ■

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: 4/7/22

Signature: [Signature]

FOR DEPARTMENT USE ONLY

Program Approval: [Signature]

Date: 5/4/22

Finance: 5/11/22
Logged

5/11/22
Approved

RECEIVED

MAY 10

GRANTS FINANCE

	Reduce allocation for one cleaner as estimated salary was higher than needed due to challenges in hiring. Additional support provided by outside vendor.		\$6,184
	Allocate funds to cover additional services of contract cleaners to support covid related cleaning, sanitizing and disinfecting our instructional spaces. We were unable to hire the desired positions as planned. Allocation will cover services using NYS prevailing wages.	\$6,184	
ENTER BUDGET >	Total Increase or Decrease:	(+) \$	(-) \$
	Net Increase or Decrease:		
	Previous Budget Total:	\$	232,799
	Proposed Amended Total:		

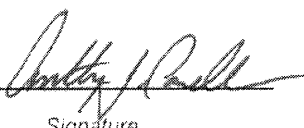
FINAL EXPENDITURE SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$22,813
Support Staff Salaries	16	\$38,141
Purchased Services	40	\$160,110
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$11,720
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$232,783

LOCAL AGENCY INFORMATION		
Agency Code:	140201060000	
Project #:	5896-21-0720	
Contract #:		
Agency Name:	Amherst Central School District	
Funding Dates:	3/13/2020	TO 9/30/2023
Approved Budget Total:	\$ 232,799	

CHIEF ADMINISTRATOR'S CERTIFICATION

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and 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).

10/20/2023 

Date Signature

ANTHONY J. PANELLA, SUPERINTENDENT

Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLY			
Fiscal Year	Amt Expended	Final Payment	Line #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Voucher #	Final Payment		

Finance: Logged _____ Approved _____ MIR _____