

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
(see instructions for mailing address)

Received

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

JAN 28 2023

Agency Name and Address

Office of Accountability

Westbury UFSD
2 Hitchcock Lane
Old Westbury NY 11568

Nassau

County

Agency Code:

2	8	0	4	0	1	0	3	0	0	0	0
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Project #:

5	8	8	0	2	1	1	6	2	0
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Amendment #

3

Contract #:

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Contact Person: Mary O'Neill

Tel. #: 516-874-1800

E-Mail Address: moneill@westburyschools.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.

Enter whole dollar amounts only.

- ❖ 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.

- ❖ Do not use the FS-10-A for requesting a project extension.

RECEIVED

FEB 14 2023

BUSINESS OFFICE

RECEIVED

FEB 03 2023

GRANTS FINANCE

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).

DATE: 1/12/2023

SIGNATURE:

Maria A. Priddy

Chief Administrative Officer

FOR DEPARTMENT USE ONLY

Program Approval:

Webb

Date:

2-1-23

Finance:

2/6/23^u

Log

2/6/23 M.B.

Approved

SUBTOTAL		EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15	Professional Salaries			
16	Support Staff Salaries			
40	Purchased Services	Reduced amount for installation of portable offices to support cleaning equipment		221,147 ✓
45	Supplies & Materials			
46	Travel Expenses			
80	Employee Benefits	Reduce employee benefits no longer needed to support purchase of cleaning equipment		78,899 ✓
90	Indirect Cost			
49	BOCES Services			
30	Minor Remodeling			
20	Equipment	T500 walk behind auto scrubbers (8 @ 14,830 = 118,640) BU800 burnishers (9 @ 10,809 = 97,281) Annihilare Generator for cleaning solution/disinfectant (2 @ 16,000 = 32,000) Electric Generator (1 @ 52,125)	300,046 ✓	
Total Increase or Decrease			(+)300,046	(-)300,046
Net Increase or Decrease				\$0
Previous Budget Total				\$7,648,097
Proposed Amended Total				\$7,648,097