

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

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

Agency Name and Address

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
---	---	---	---	---	---	---	---	---	---	---	---

Project #:

5	8	8	0	2	1	1	6	2	0
---	---	---	---	---	---	---	---	---	---

Amendment #

2

Contract #:

--	--	--	--	--	--	--	--

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.

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: 11/10/2002

SIGNATURE: [Signature]

Chief Administrative Officer

FOR DEPARTMENT USE ONLY

Program Approval: _____

Date: _____

Finance:

--

Log

--

Approved

SUBTOTAL		EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15	Professional Salaries	Move remaining COVID stipend to support SEL supplies		30,000
16	Support Staff Salaries			
40	Purchased Services	District diversity equity and inclusion audit and training activities	47,500	
		Move remaining SEL for TTW to BOCES code – now cross contracted with BOCES		78,262.24
45	Supplies & Materials	Move disinfecting supplies to support SEL supplies	105,576.19	105,576.19
		Move funds from disinfecting supplies to support purchase of cameras	9,224.81	9,224.81
		Funds moved from COVID stipend no longer needed to support SEL supplies	30,000	
		Move assessment materials for social workers to support SEL supplies	60,000	60,000
46	Travel Expenses			
80	Employee Benefits			
90	Indirect Cost			
49	BOCES Services	Funds moved form code 40 for TTW/SEL – service is cross contracted with BOCES	78,262.24	
30	Minor Remodeling			
20	Equipment	Move backpack sprayers and air purifiers to support district wide Diversity Equity Inclusion Audit and training activities		47,500
Total Increase or Decrease			(+) \$330,563.24	(-) \$330,563.24
Net Increase or Decrease				\$0
Previous Budget Total				\$7,648,097
Proposed Amended Total				\$7,648,097