

The University of the State of New York  
THE STATE EDUCATION DEPARTMENT

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

Received  
JAN 20 2023  
Office of Accountability

= Required Field

Agency Name:	Pittsford CSD	Monroe
Mailing Address:	75 Barker Road	County
	Pittsford, NY 14534	

Agency Code:	<input type="text" value="261401060000"/>	Amendment #:	<input type="text" value="001"/>
Project Number:	<input type="text" value="5896-21-1385"/>		
Contract #:	<input type="text"/>		
Contact Person:	<input type="text" value="Leeanne Reister"/>	Tel:	<input type="text" value="585-267-1036"/>
E-mail Address:	<input type="text" value="leeanne_reister@pittsford.monroe.edu"/>		

**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: 1/13/2023

Signature: 

**FOR DEPARTMENT USE ONLY**

Program Approval: Audrey Almela 

Date: 1/31/23

Finance:    
Logged

Approved *mk*

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 - Professional Salaries	Decrease - Mental and Behavioral Health Salaries TRS 1.0 FTE		\$84,198
16 - Support Staff Salaries	Increase - ERS salaries for Behavioral Health (Prevention Coordinator) focusing on healthy behaviors. This position works directly with secondary students as we have seen an uptick in behaviors tied to increased stress and anxiety brought on by COVID.	\$84,198	
40 - Purchased Services			
45 - Supplies & Materials			
46 - Travel Expenses			
80 - Employee Benefits			
90 - Indirect Cost			
49 - Boces Services			
30 - Minor Remodeling			
20 - Equipment			
	Total Increase or Decrease:	(+) \$ 84,198	(-) \$ 84,198
	Net Increase or Decrease:	\$ 0	
ENTER BUDGET >	Previous Budget Total:	\$ 740,432	
	Proposed Amended Total:	\$ 740,432	