

= Required Field

Agency Name:	<u>EAST RAMAPO CSD (SPRING VALLEY)</u>	<u>Rockland</u>
Mailing Address:	<u>105 South Madison Avenue</u>	<u>County</u>
	<u>Spring Valley, NY 10977</u>	

Agency Code:	<input type="text" value="500402060000"/>	Amendment #:	<input type="text" value="001"/>
Project Number:	<input type="text" value="5890212570"/>		
Contract #:	<input type="text"/>		
Contact Person:	<input type="text" value="Clarence G. Ellis"/>	Tel:	<input type="text" value="845-577-6011"/>
E-mail Address:	<input type="text" value="cellis@ercsd.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.
- 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: 8/8/2022

Signature: Clarence G. Ellis, Ed.D.

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	Change reflects a decrease in program staff expenses		\$1,962,116
16 - Support Staff Salaries	Creation of a support staff code to fund administrative support positions.	\$152,145	
40 - Purchased Services	Increase reflects expenses due to non-public school allocations and expenditures	\$2,019,598	
45 - Supplies & Materials	Non publics elected to utilized funding in purchased services.		\$386,028
46 - Travel Expenses			
80 - Employee Benefits	Change reflects change in staffing. Calculated in accordance with district contract.	\$213,715	
90 - Indirect Cost	Indirect cost reflects cost base.		\$37,314
49 - Boces Services			
30 - Minor Remodeling			
20 - Equipment			
	Total Increase or Decrease:	(+) \$ 2,385,458	(-) \$ 2,385,458
	Net Increase or Decrease:	\$ 0	
ENTER BUDGET >	Previous Budget Total:	\$ 19,025,954	
	Proposed Amended Total:	\$ 19,025,954	