

= 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:

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: 5/25/22

Signature: Clarence 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				
16 - Support Staff Salaries				
40 - Purchased Services				
45 - Supplies & Materials				
46 - Travel Expenses				
80 - Employee Benefits	Decrease health insurance cost to increase indirect cost		\$3,120,000	
90 - Indirect Cost	Increase indirect cost from 2.7% to 7.9%	\$3,120,000		
49 - Boces Services				
30 - Minor Remodeling				
20 - Equipment				
ENTER BUDGET >	Total Increase or Decrease:	(+)	\$ 3,120,000	
	Net Increase or Decrease:		(-)	\$ 3,120,000
	Previous Budget Total:	\$		\$ 66,722,803
	Proposed Amended Total:	\$		\$ 66,722,803