

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)

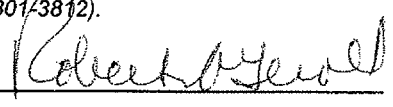
= Required Field

Agency Name:	MIDDLE COUNTRY CSD	County
Mailing Address:	8 43RD STREET	
	CENTEREACH, NY 11720	

Agency Code:	<input type="text" value="580211060000"/>	Amendment #:	<input type="text" value="001"/>
Project Number:	<input type="text" value="5883-21-3275"/>		
Contract #:	<input type="text"/>		
Contact Person:	<input type="text" value="DR. BETH RELLA"/>	Tel:	<input type="text" value="631-285-8020"/>
E-mail Address:	<input type="text" value="brella@mccsd.net"/>		

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	
<i>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).</i>	
Date: <u>05/06/22</u>	Signature: <u></u>

FOR DEPARTMENT USE ONLY	
Program Approval: _____	Date: _____
Finance: <input type="checkbox"/> <u>Logged</u>	<input type="checkbox"/> <u>Approved</u>

Logged

Approved

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 - Professional Salaries	Decrease in Bus driver Salaries -unable to provide our bus drivers. \$35.87 Overtime rate x 2 hours per day- 139 days for ten elementary schools for 21/22 school year		\$100,000
16 - Support Staff Salaries			
40 - Purchased Services	Increase Suffolk Transportation for extended day programs 21/22-23/24 \$107.05 per van and \$92.34 per bus, \$80,000. Arrow security for 27.64 regular hourly pay and \$47.16 overtime rate. Estimate 60 hours per month for 8 Elementary schools for 21/22 and 23/24 \$ 28,000.	\$108,000	
45 - Supplies & Materials	Reduction in Student supplies 21/22		\$5,000
46 - Travel Expenses			
80 - Employee Benefits	Decrease in Benefits due to lack of bus driver overtime pay for 21/22 school year		\$3,000
90 - Indirect Cost			
49 - Boces Services			
30 - Minor Remodeling			
20 - Equipment			
Total Increase or Decrease:		(+)\$ 108,000	(-)\$ 108,000

ENTER BUDGET >

Net Increase or Decrease:	\$	0
Previous Budget Total:	\$	833,499
Proposed Amended Total:	\$	833,499