

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:	Marcellus Central School District	Onondaga
Mailing Address:	2 Reed Parkway	County
	Marcellus, NY 13108	

Agency Code:	<input type="text" value="421101060000"/>	Amendment #:	<input type="text" value="001"/>
Project Number:	<input type="text" value="5880-21-2140"/>		
Contract #:	<input type="text"/>		
Contact Person:	<input type="text" value="Anthony Sonnacchio"/>	Tel:	<input type="text" value="3156736001"/>
E-mail Address:	<input type="text" value="asonnacchio@marcellusschools.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: 8/14/24 Signature: Juan M. Sharlow

FOR DEPARTMENT USE ONLY

Program Approval:	<input type="text"/>	Date:	<input type="text"/>
Finance:	<input type="text"/>	<input type="text"/>	
	Logged	Approved	

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 - Professional Salaries	Increase to align with actual expenditures	\$7,546	
16 - Support Staff Salaries			
40 - Purchased Services	Decrease to align with actual expenditures (resignation of social worker mid year) Revise Provider of Services from "Onondaga County Department of Social Services" to "Coordinated Care Services, Inc."		\$19,217
45 - Supplies & Materials			
46 - Travel Expenses			
80 - Employee Benefits	Increase health insurance to actual (+\$562) Increase Social Security to actual (+11,109)	\$11,671	
90 - Indirect Cost			
49 - Boces Services			
30 - Minor Remodeling			
20 - Equipment			
ENTER BUDGET >	Total Increase or Decrease:	(+)\$ 19,217	(-)\$ 19,217
	Net Increase or Decrease:	\$ 0	
	Previous Budget Total:	\$ 1,053,242	
	Proposed Amended Total:	\$ 1,053,242	