

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
(see instructions for mailing address)

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

Agency Name and Address

ARP-ESSER 90%

Dansville Central School District
337 Main Street
Dansville, NY 14437

Livingston
County

Agency Code:

2	4	1	0	0	1
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0	6
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0	0	0	0
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Amendment #

002

Project #:

5	8	8	0
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2	1
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1	2	6	5
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Contract #:

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Contact Person: Joanne Greene **Tel. #:** (585) 335-4000


E-Mail Address: greenej@dansvillecsd.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.
- ❖ Enter whole dollar amounts only.
- ❖ 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.
- ❖ 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, and accurate, and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and 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: 12/5/23 SIGNATURE: 
Chief Administrative Officer

FOR DEPARTMENT USE ONLY

Program Approval: _____ Date: _____

Finance:

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Log **Approved**

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 Professional Salaries	Move Nurse in each building from Professional Staff to Support Staff (-\$82,841) Add Director of Health, PE, Athletics, & Wellness (0.2675 FTE x \$82,696 annual salary = \$22,121)		\$60,720
16 Support Staff Salaries	Move Nurse in each building from Professional Staff to Support Staff (\$82,841) Add Behavior Analyst (1.00 FTE x \$61,969 = \$61,969)	\$144,810	
40 Purchased Services	Increase VIA Evaluation services as cost was more than anticipated (\$5,910) Remove cost of the Family Resource Center at ProAction as cost was paid with other funds (-\$90,000)		\$84,090
45 Supplies & Materials			
46 Travel Expenses			
80 Employee Benefits			
90 Indirect Cost			
49 BOCES Services			
30 Minor Remodeling			
20 Equipment			
Total Increase or Decrease		(+) \$144,810	(-) \$144,810
Net Increase or Decrease		\$0	
Previous Budget Total		\$3,200,165	
Proposed Amended Total		\$3,200,165	