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 | | | | | | | | | | |
|---|---|--|------------|----------|-------------------|---|--|--|--|--|--|
| Da | ansville Central School District | | | | | | | | | | |
| 337 Main Street | | | Livingston | | | | | | | | |
| Dansville, NY 14437 | | | County | | | | | | | | |
| | | $\begin{bmatrix} 0 & 6 \\ 2 & 1 \end{bmatrix}$ | 0 0 | 0 0 | Amendment # | 1 | | | | | |
| | ontract #: ontact Person: Joanne Greene | | Tel. #: | (585) 37 | 35-4000 ext. 2312 | | | | | | |
| | -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.

Log

Finance:

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: FOR DEPARTMENT USE ONLY Program Approval: Date:

Approved

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| SUBTOTAL | | EXPLANATION (Provide same detail as required in FS-10 Budget) | SUBTOTAL INCREASE | SUBTOTAL DECREASE | |
|----------|---------------------------|---|----------------------|----------------------|--|
| 15 | Professional Salaries | | | | |
| 16 | Support Staff Salaries | Reduce Caseworker by 0.146211 FTE – cost moved to the ARP-Homeless II grant to support the needs of identified homeless youth (\$68,344 annual salary x 0.14621 FTE = -\$9,993) Add 0.37172 FTE Cleaner to support the cleaning and sanitation of district facilities (\$26,883 annual salary x 0.37172 FTE = \$9,993) | \$9,993 | \$9,993 | |
| 40 | Purchased Services | | | | |
| 45 | Supplies & Materials | | | | |
| 46 | Travel Expenses | | | | |
| 80 | Employee Benefits | | | | |
| 90 | Indirect Cost | | | | |
| 49 | BOCES Services | | | | |
| 30 | Minor Remodeling | | | | |
| 20 | Equipment | | | | |
| | | Total Increase or Decrease | (+) \$9,993 | (-) \$9,993 | |
| | | Net Increase or Decrease | | \$0 | |
| | | \$1,422,858 | | | |
| | | Proposed Amended Total | | \$1,422,858 | |