

**Agency Name and Address**

Westbury UFSD
2 Hitchcock Lane
Old Westbury NY 11568

Nassau \_\_\_\_\_  
 County

**Agency Code:**

2	8	0	4	0	1
---	---	---	---	---	---

0	3
---	---

0	0	0	0
---	---	---	---

**Amendment #**

5
---

**Project #:**

5	8	8	0
---	---	---	---

2	1
---	---

1	6	2	0
---	---	---	---

**Contract #:**

--	--	--	--	--	--	--

**Contact Person:** Mary O'Neill **Tel. #:** 516-874-1800

**E-Mail Address:** moneill@westburyschools.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.

RECEIVED  
 JUN 5 2024

RECEIVED  
 APR 23 2024  
 GRANTS FINANCE

BUSINESS OFFICE

**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: 4/16/2024 SIGNATURE: [Signature]  
 Chief Administrative Officer

**FOR DEPARTMENT USE ONLY**

Program Approval: [Signature] Date: 5-21-24

Finance: 

5/24/24
---------

[Signature]
-------------

  
 Log Approved

<b>UBTOTAL</b>	<b>EXPLANATION</b> (Provide same detail as required in FS-10 Budget)	<b>SUBTOTAL INCREASE</b>	<b>SUBTOTAL DECREASE</b>
15 Professional Salaries	Move funding from Social Workers/Counselors to support Psychologists thru the end of 6/30/24	436,568.09	436,568.09
16 Support Staff Salaries			
40 Purchased Services			
45 Supplies & Materials			
46 Travel Expenses			
80 Employee Benefits			
90 Indirect Cost			
49 BOCES Services			
30 Minor Remodeling			
20 Equipment			
<b>Total Increase or Decrease</b>		(+) <b>436,568.09</b>	<b>(-)436,568.09</b>
<b>Net Increase or Decrease</b>		<b>\$0</b>	
<b>Previous Budget Total</b>		<b>\$7,648,097</b>	
<b>Proposed Amended Total</b>		<b>\$7,648,097</b>	