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

			Factor				
Agency Name		helter Island		Suffolk			
Malling Address		PO Box 2015		County			
Midini y Natarada		Island, NY 1196	A				
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	法的复数经济 資		***				
Agency Code:	58070102	20000		Amendment #: 0004			
Project Number:	5580-21-	3150					
Contract #:				·			
Contact Person:	Jen	nifer Rylott		Tel: 631-749-0302 ext. 143			
E-mail Address:	jennifer.rylot	@shelterisland.k	12.ny.us				
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 							
		\$5,000 or more in	umher and	type			
 Equipment items having a unit value of \$5,000 or more, number and type Minor remodeling 							
	idget subtotal (prof ireater	essional salaries, j	purchased :	services, travel, etc.) by more than 10 percent or			
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 penaltiesfor fraud, false statements, false claims, or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).							
Dat	e: <u> </u>		Signatu	re:			
FOR DEPARTMENT USE ONLY							
Program Approv	al:			Date:			
Financ							
	Logged	Aŗ	oproved				

SUBTOTAL

EXPLANATION

(Provide same detail as required in FS-10 Budget)

SUBTOTAL INCREASE

SUBTOTAL DECREASE

15 - Professional Salaries				
16 - Support Staff				
Salaries				
	Add Professional Development Training		PO 400	
40 - Purchased Services	for Sonday System	\$2,400	\$2,400	4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
			7.	
45 Suppliès & Materials		∤ *	*	
46 - Travel Expenses				
80 - Employee Benefils				
90 - Indirect Cost				-
49 - Boces Services	Removing PD Training on Sonday System via PNW BOCES (PD canceled)	\$2,40	\$2,40	0
			1	
		<u> </u>		
30 - Minor Remodeling				
				_
20 - Equipment				
A STATE OF S	Total Increase or Decrease: (+)	\$ 4,80	00 (-) \$ 4,86	000
	Net Increase or Decrease:	\$		0
ENTER BUDGET >	Previous Budget Total:	\$		_
	Proposed Amended Total:	\$		0