

= Required Field

Agency Name:	Shelter Island UFSD	Suffolk
Mailing Address:	PO Box 2015	County
	Shelter Island NY 11964	

Agency Code:	<input type="text" value="580701020000"/>	Amendment #:	<input type="text" value="001"/>
Project Number:	<input type="text" value="5580213150"/>		
Contract #:	<input type="text"/>		
Contact Person:	<input type="text" value="Jennifer Rylott"/>	Tel:	<input type="text" value="6317490302 ext 143"/>
E-mail Address:	<input type="text" value="jennifer.rylott@shelterisland.k12.ny.us"/>		

INSTRUCTIONS

- Submit the original and two copies directly to the same State Education Department office where budget was mailed. DO 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 \$1,0 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 Fec State) award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact may subject criminal, civil, or administrative penalties for fraud, false statements, false claims, or otherwise. (U.S. Code Title 18, Section Title 31, Sections 3729-3730 and 3801-3812).

Date: _____ **Signature:** _____

FOR DEPARTMENT USE ONLY

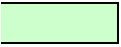
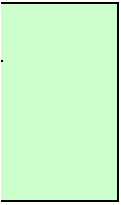
Program Approval: _____ **Date:** _____

Finance:
 Logged Approved

SUBTOTAL	EXPLANATION same detail as required in FS-10 Budget) (Provide	SUBTOTAL INCREASE	SUBTOT, DECREA			
15 - Professional Salaries						
16 - Support Staff Salaries						
40 - Purchased Services	Add Professional Development Training for Sunday System	\$2,400				
45 - Supplies & Materials						
46 - Travel Expenses						
80 - Employee Benefits						
90 - Indirect Cost						
49 - Boces Services	Removing PD Training on Sunday System via PNW BOCES (PD cancelled)					
30 - Minor Remodeling						
20 - Equipment						
ENTER BUDGET >	Total Increase or Decrease:	(+)	\$ 2,400	(-)	\$	
	Net Increase or Decrease:	\$				
	Previous Budget Total:	\$				
	Proposed Amended Total:	\$				

Proposed Amended Total:

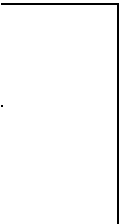




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