

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)

RECEIVED  
OFFICE OF ACCOUNTABILITY  
JUN 10 2021

= Required Field

Agency Name:	Remsen Central School	Oneida
Mailing Address:	Margaret Davis Dr	County
	Remsen, NY 13438	

Agency Code:	<input type="text" value="411701040000"/>	Amendment #:	<input type="text" value="001"/>
Project Number:	<input type="text" value="5890-21-2035"/>		
Contract #:	<input type="text"/>		
Contact Person:	<input type="text" value="John McKeown"/>	Tel:	<input type="text" value="315 205-4300 x4222"/>
E-mail Address:	<input type="text" value="jmckeown@remsenncsd.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.
- 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.
- 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.

RECEIVED  
JUN 24 2021  
GRANTS FINANCE

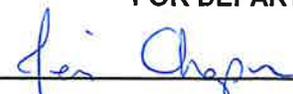
**CHIEF ADMINISTRATOR'S CERTIFICATION**

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 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: 06/07/2021

Signature: 

**FOR DEPARTMENT USE ONLY**

Program Approval: 

Date: 6-23-21

Finance:   
Logged

Approved

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 - Professional Salaries			
16 - Support Staff Salaries	Staff expense for cleaning, disinfecting.	\$55,906	
40 - Purchased Services			
45 - Supplies & Materials	PPE (\$22,365), Barrier Materials (\$22,365), Cleaning Supplies (\$11,176)		\$55,906
46 - Travel Expenses			
80 - Employee Benefits			
90 - Indirect Cost			
49 - Boces Services			
30 - Minor Remodeling			
20 - Equipment			
	Total Increase or Decrease:	(+) \$ 55,906	(-) \$ 55,906
	Net Increase or Decrease:	\$ 0	
ENTER BUDGET >	Previous Budget Total:	\$ 141,462	<del>55,906</del>
	Proposed Amended Total:	\$ 141,462	<del>55,906</del> JC