

= Required Field

Agency Name:	LaFayette Central School District	Onondaga
Mailing Address:	5955 Route 20	County
	LaFayette, NY 13084	

Agency Code:

Amendment #:

Project Number:

REVISED

Contract #:

Contact Person:

Tel:

E-mail Address:

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.

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: _____

Signature: _____

FOR DEPARTMENT USE ONLY

Program Approval: _____

Date: _____

Finance:

Logged

Approved

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE		
15 - Professional Salaries	2 Coordinators @ \$3500 = \$7000. \$500 included in Amendment #1 leaving balance of \$6500 in Amendment #2. Additional funds needed for Library Media Specialist, School Counselor, Home/School Liason to support the instructional program. (4 weeks x 4 days/wk x 4 hours/day = 64 hours + 3 hours planning time = total 67 hours @ \$38.70 = \$2595). \$6500 + \$2595 = \$9095	\$9,095			
16 - Support Staff Salaries	Adjust current budget to reflect accurate salaries for Licensed Practical Nurse and Security Guards. Previously budgeted rate = \$14.78. Actual rate = \$20.78	\$960			
40 - Purchased Services	Adjust budget to reflect actual costs for purchased services.	\$2,686			
45 - Supplies & Materials	Funds budgeted for supplies and materials exceed anticipated expenditures due to a redesign of instructional activities. Additional funds redirected to increased staffing to provide direct instruction for students. Existing materials were utilized reducing cost / students for supplies. Approximately 100 students for 8 weeks (2 years) @ \$5.97/student = \$4774.		\$12,741		
46 - Travel Expenses					
80 - Employee Benefits					
90 - Indirect Cost					
49 - Boces Services					
30 - Minor Remodeling					
20 - Equipment					
ENTER BUDGET >	Total Increase or Decrease:	(+)	\$ 12,741	(-)	\$ 12,741
	Net Increase or Decrease:	\$ 0			
	Previous Budget Total:	\$ 168,007			
	Proposed Amended Total:	\$ 168,007			