## The University of the State of New York THE STATE EDUCATION DEPARTMENT

Finance:

## PROPOSED AMENDMENT FOR A FEDERAL OR STATE PROJECT FS-10-A (03/15)

		= Required Field			
Agency Name: Mailing Address:	Harpursville CSD 54 Main Street Harpursville, NY 13787	Broome County			
Agency Code: Project Number: Contract #:	030501040000 5891-21-0155	Amendment #: 001			
Contact Person:	Joseph J McLaughlin	Tel: 607-693-8120			
E-mail Address:	jjmclaughlin@hcs.stier.org				
<ul> <li>INSTRUCTIONS</li> <li>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.</li> <li>This form need only be submitted for budget changes that require prior approval as follows: <ul> <li>Personnel positions, number and type</li> <li>Equipment items having a unit value of \$5,000 or more, number and type</li> <li>Minor remodeling</li> <li>Any increase in a budget subtotal (professional salaries, purchased services, travel, etc.) by more than 10 percent or \$1,000, whichever is greater</li> <li>Any increase in the total budget amount.</li> </ul> </li> <li>Amendment # at top of this page must be completed.</li> <li>If extra room is needed for explanations, expand the rows using the row breaks on the left.</li> <li>Do not use the FS-10-A for requesting a project extension.</li> </ul>					
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).  Date:					
FOR DEPARTMENT USE ONLY					
Program Approval: Date:					

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SUBTOTAL	<b>EXPLANATION</b> (Provide same detail as required in FS-10 Budget)		SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 - Professional Salaries	Decrease Psychologist			\$60,000
16 - Support Staff Salaries				
<b>40</b> - Purchased Services				
<b>45</b> - Supplies & Materials				
46 - Travel Expenses				
80 - Employee Benefits	Decrease Psychologist Benefits			\$8,714
90 - Indirect Cost	, 5			. ,
49 - Boces Services				
30 - Minor Remodeling				
20 - Equipment	See Attached - Security radios		\$68,714	
	Total Increase or Decrease:	(+) \$	68,714	(-) \$ 68,714
	Net Increase or Decrease:	\$		0
ENTER BUDGET >	Previous Budget Total:	\$		1,290,031
	Proposed Amended Total:	\$		1,290,031

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