

= Required Field

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|--|-----------------|
| Agency Name: <u>LaFayette Central School District</u> | <u>Onondaga</u> |
| Mailing Address: <u>5955 Route 20</u> | <u>County</u> |
| <u>LaFayette, NY 13084</u> | |

| | | | |
|------------------------|--|---------------------|---|
| Agency Code: | <input type="text" value="420807040000"/> | Amendment #: | <input type="text" value="002"/> |
| Project Number: | <input type="text" value="5882-21-2125"/> | | |
| Contract #: | <input type="text"/> | | |
| Contact Person: | <input type="text" value="Deborah Ayers"/> | Tel: | <input type="text" value="315.396.9111"/> |
| E-mail Address: | <input type="text" value="dayers@lafayetteschools.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.

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 <small>(Provide same detail as required in FS-10 Budget)</small> | SUBTOTAL INCREASE | SUBTOTAL DECREASE | | |
|-----------------------------|--|-------------------|-------------------|-----|-----------|
| 15 - Professional Salaries | Additional funds needed for Library Media Specialist, School Counselor, Home/School Liason, and Summer School Principals to support the instructional program. | \$9,095 | | | |
| 16 - Support Staff Salaries | Adjust current budget to reflect accurate salaries for Licensed Practical Nurse and Security Guards. | \$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. | | \$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 | | | |