

= Required Field

Agency Name:	Taconic Hills Central School District	Columbia
Mailing Address:	73 County Route 11A	County
	Craryville, NY 12521	

Agency Code:	<input type="text" value="100501040000"/>	Amendment #:	<input type="text" value="008"/>
Project Number:	<input type="text" value="5891-21-0525"/>		
Contract #:	<input type="text"/>		
Contact Person:	<input type="text" value="Lucia Burger"/>	Tel:	<input type="text" value="518-325-2812"/>
E-mail Address:	<input type="text" value="lburger@taconichills.k12.ny.us"/>		

### 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: 10/30/2023 Signature: \_\_\_\_\_

### FOR DEPARTMENT USE ONLY

Program Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Finance:

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 - Professional Salaries	<p>Moving expenditures from ARP to CRRSA LETRS PD stipends (38 staff x \$40/hr x ~58 hours = \$88,211)</p> <p>Increase amount available for professional salaries from unspent support staff salary expenses - \$21,020</p>	\$21,020	
16 - Support Staff Salaries	Decrease amount available for support staff salaries - \$37,437		\$37,437
40 - Purchased Services			
45 - Supplies & Materials			
46 - Travel Expenses			
80 - Employee Benefits	Increase amount of employee benefits from unspent salary expenses to cover partial FICA/MEDI expenses	\$16,417	
90 - Indirect Cost			
49 - Boces Services			
30 - Minor Remodeling			
20 - Equipment			
ENTER BUDGET >	Total Increase or Decrease:	(+)	\$ 37,437
	Net Increase or Decrease:	\$	0
	Previous Budget Total:	\$	1,399,830
	Proposed Amended Total:	\$	<b>1,399,830</b>