## 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)

			= Required Fie	ıld				
Agency Name: Mailing Address:	Taconic Hills Central Sc 73 County Route Craryville, NY 12	11A	<u>Colui</u> Cou	mbia unty				
Agency Code: Project Number: Contract #:	100501040000 5880-21-0525		Amendment #:	008				
Contact Person:	Lucia Burger		Tel: 51	8-325-2812				
E-mail Address:	lburger@taconichills.k	(12.ny.us	]					
<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:	12/13/2023	Signature:						
FOR DEPARTMENT USE ONLY								
Program Approval:			Date:					
Finance:								

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Logged Approved			
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SUBTOTAL	<b>EXPLANATION</b> (Provide same detail as required in FS-10 Budget)		SUBTOTAL INCREASE		SUBTOTAL DECREASE
<b>15</b> - Professional Salaries	Decrease: Unspent funds from completed activities				\$21,860
16 - Support Staff Salaries					
<b>40</b> - Purchased Services	Increase: Leadership Coaching Program for Superintendent \$3,850 & School Business Official \$2,240 [Activity 7]  Duncan Kirkwood - The Psychological Resilience Critical for Success Presentations \$5,980 [Activity 16(d)]  The Sylvia Center - Family & Consumer Science Student & Teacher Training Sessions \$9,790 [Activity 20]		\$21,860		
45 - Supplies & Materials					
46 - Travel Expenses					
80 - Employee Benefits 90 - Indirect Cost					
49 - Boces Services					
30 - Minor Remodeling					
20 - Equipment					
	Total Increase or Decrease:	(+)\$	21,860	(-)\$	21,860
	Net Increase or Decrease:	\$			0
ENTER BUDGET >	Previous Budget Total:	\$			3,146,092
	Proposed Amended Total:	\$			3,146,092

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