

= Required Field

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|------------------|---------------------------------------|----------|
| 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="013"/> |
| Project Number: | <input type="text" value="5880-21-0525"/> | | |
| 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: 4/9/2024 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 | Unspent funds from completed activities | | \$22,500 |
| 16 - Support Staff Salaries | | | |
| 40 - Purchased Services | Professional Development - Virtual Professional Learning Services (PLS) provided by ASCD to support continued efforts on building empathy in professional practice 3 Days @ \$7,500/Day = \$22,500 Activity #7: Providing principals and other school leaders with the resources necessary to address the needs of thier individual schools. | \$22,500 | |
| 45 - Supplies & Materials | | | |
| 46 - Travel Expenses | | | |
| 80 - Employee Benefits | | | |
| 90 - Indirect Cost | | | |
| 49 - Boces Services | | | |
| 30 - Minor Remodeling | | | |
| 20 - Equipment | | | |
| | Total Increase or Decrease: | (+) | \$ 22,500 |
| | Net Increase or Decrease: | \$ | 0 |
| ENTER BUDGET > | Previous Budget Total: | \$ | 3,146,092 |
| | Proposed Amended Total: | \$ | 3,146,092 |