

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
(see instructions for mailing address)

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

Agency Name and Address

Horseheads Central School District
143 Hibbard Road
Horseheads, NY 14845

ARP SLR Comprehensive Afterschool

Chemung

 County

Agency Code:

0	7	0	9	0	1
---	---	---	---	---	---

0	6
---	---

0	0	0	0
---	---	---	---

Amendment #

1

Project #:

5	8	8	3
---	---	---	---

2	1
---	---

0	4	1	5
---	---	---	---

Contract #:

--	--	--	--	--	--	--	--

Contact Person: Anthony Gill **Tel. #:** 607-739-5601

E-Mail Address: agill@horseheadsdistrict.com

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.**
- ❖ Enter whole dollar amounts only.
- ❖ 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.
- ❖ 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, and accurate, and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and 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: _____
 Chief Administrative Officer
 Dr. Thomas J. Douglas, Superintendent of Schools

FOR DEPARTMENT USE ONLY

Program Approval: _____ Date: _____

Finance:

--

--

 Log Approved

FS-10-A Page 2

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 Professional Salaries	Afterschool stipends for School Counselors and Social Workers to provide wrap-around social emotional care were not needed (-\$31,206) Increase costs for afterschool hourly teaching stipends for provision of tutoring, individualized acceleration, and project-based learning activities (\$61,206)	\$30,000	
16 Support Staff Salaries			
40 Purchased Services	Contracts with community-based agencies for provision of social emotional learning supports were not needed (-\$30,000)		\$30,000
45 Supplies & Materials			
46 Travel Expenses			
80 Employee Benefits			
90 Indirect Cost			
49 BOCES Services			
30 Minor Remodeling			
20 Equipment			
Total Increase or Decrease		(+)\$30,000	(-)\$30,000
Net Increase or Decrease		(+) \$0	
Previous Budget Total		\$101,418	
Proposed Amended Total		\$101,418	