

= Required Field

Agency Name:	Altmar-Parish-Williamstown CSD	Oswego
Mailing Address:	639 County Route 22, PO Box 97	County
	Parish, NY 13131	

Agency Code:	<input type="text" value="460102040000"/>	Amendment #:	<input type="text" value="002"/>
Project Number:	<input type="text" value="5891-21-2330"/>		
Contract #:	<input type="text"/>		
Contact Person:	<input type="text" value="Naomi Ryfun"/>	Tel:	<input type="text" value="315-625-5251"/>
E-mail Address:	<input type="text" value="nryfun@apw.cnyric.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:	<input type="text"/>	<input type="text"/>	

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 - Professional Salaries	DECREASE: Consumer Science Teacher (\$18,500); SPCL (\$11,597); Teaching Substitutes (\$35,000) INCREASE: Business Teacher (1 FTE @ \$65,097)	\$65,097	\$65,097
16 - Support Staff Salaries			
40 - Purchased Services			
45 - Supplies & Materials			
46 - Travel Expenses			
80 - Employee Benefits			
90 - Indirect Cost			
49 - Boces Services			

30 - Minor Remodeling				
20 - Equipment				
	Total Increase or Decrease:	(+) \$	65,097	(-) \$ 65,097
	Net Increase or Decrease:	\$	0	
ENTER BUDGET >	Previous Budget Total:	\$	1,178,278	
	Proposed Amended Total:	\$	<b>1,178,278</b>	