

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 Field

<b>Agency Name:</b>	McGraw Central School District	Cortland
<b>Mailing Address:</b>	10 West Academy Street	County
	McGraw, NY 13101	

<b>Agency Code:</b>	<input type="text" value="110304040000"/>	<b>Amendment #:</b>	<input type="text" value="001"/>
<b>Project Number:</b>	<input type="text" value="5882-21-0565"/>		
<b>Contract #:</b>	<input type="text"/>		
<b>Contact Person:</b>	<input type="text" value="Troy Bilodeau"/>	<b>Tel:</b>	<input type="text" value="607-836-3640"/>
<b>E-mail Address:</b>	<input type="text" value="tbilodeau@mcgrawschools.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:** 7/1/2022      **Signature:** 

**FOR DEPARTMENT USE ONLY**

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

**Finance:**

Logged                      Approved

<b>SUBTOTAL</b>	<b>EXPLANATION</b> (Provide same detail as required in FS-10 Budget)	<b>SUBTOTAL INCREASE</b>	<b>SUBTOTAL DECREASE</b>
<b>15 - Professional Salaries</b>	The district would like to decrease professional salaries by \$8,000 to fund a summer school nurse's salary.	<del>-\$8,000</del>	<b>\$8,000</b>
<b>16 - Support Staff Salaries</b>	The district would like to include the salary for a summer school nurse in our project at an estimated cost of \$2,000 per summer. (80 hours per summer at a rate of \$25 per hour.)	<b>\$8,000</b>	<del>\$8,000</del>
<b>40 - Purchased Services</b>			
<b>45 - Supplies &amp; Materials</b>			
<b>46 - Travel Expenses</b>			
<b>80 - Employee Benefits</b>			
<b>90 - Indirect Cost</b>			
<b>49 - Boces Services</b>			
<b>30 - Minor Remodeling</b>			
<b>20 - Equipment</b>			
	Total Increase or Decrease:	(+) \$ 8,000	(-) \$ 8,000
	Net Increase or Decrease:	\$ 0	
<b>ENTER BUDGET &gt;</b>	Previous Budget Total:	\$ 186,146	
	Proposed Amended Total:	<b>\$ 186,146</b>	