

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**

Spencerport CSD
71 Lyell Ave.
Spencerport, NY 14559

Monroe

County

Agency Code:

2	6	1	0	0	1	0	6	0	0	0	0
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Amendment #

004

Project #:

5	8	9	1	2	1	1	3	6	0
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Contract #:

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Contact Person: Nicole Poh

Tel. #: 585-349-5119

E-Mail Address: npoh@spencerportschools.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.
- ❖ 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.

RECEIVED

OCT 23 2023

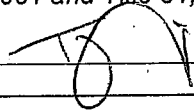
GRANTS FINANCE

**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: 10/23/23

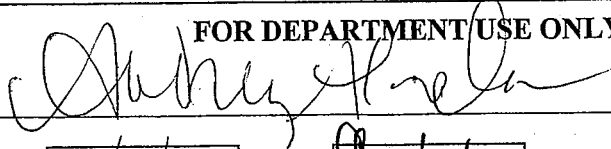
SIGNATURE:



Chief Administrative Officer

**FOR DEPARTMENT USE ONLY**

Program Approval:



Date:

Oct. 18, 2023

Finance:

10/23/23<sup>al</sup>

Log

10/26/23

Approved

SUBTOTAL		EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15	Professional Salaries	\$1 decrease to address increase in the 90 Indirect Cost code.		\$1
16	Support Staff Salaries	\$2 decrease to address increase in the 90 Indirect Cost code.		\$2
40	Purchased Services	\$19,219 decrease to address increase in the 90 Indirect Cost code.		\$19,219
45	Supplies & Materials	\$1,702 decrease to address increase in the 90 Indirect Cost code.		\$1,702
46	Travel Expenses			
80	Employee Benefits			
90	Indirect Cost	\$20,924 increase in indirect costs based on an unrestricted rate of 11.9% versus the original budgeted restricted rate of 2.6%	\$20,924	
49	BOCES Services			
30	Minor Remodeling			
20	Equipment			
<b>Total Increase or Decrease</b>			(+) \$20,924	(-) \$20,924
<b>Net Increase or Decrease</b>				\$0
<b>Previous Budget Total</b>				\$3,127,921
<b>Proposed Amended Total</b>				\$3,127,921