

| SUBTOTAL | EXPLANATION (Provide same detail as required in FS-10 Budget) | SUBTOTAL INCREASE | SUBTOTAL DECREASE |
|-----------------------------|---|--------------------------|--------------------------|
| 15 - Professional Salaries | NO COST FOR SUMMER PROGRAM COORDINATOR DUE TO OTHER SOURCE OF FUNDS | | \$15,000 |
| 16 - Support Staff Salaries | SUMMER ENRICHMENT PROGRAM MENTORS COST | \$0 | \$16,440 |
| 40 - Purchased Services | DECREASE IN PURCHASED SERVICES DUE TO UNAVAILABILITY OF CORNELL SERVICES IN SUMMER. | | \$18,000 |
| 45 - Supplies & Materials | DECREASE IN MATERIALS AND SUPPLIES DUE TO INCREASE NEEDED FOR SUMMER EMP BENEFITS | | \$22,560 |
| 46 - Travel Expenses | | | |
| 80 - Employee Benefits | INCREASED COSTS OF EMP BENEFITS FOR SUMMER ENRICHMENT PROGRAM | \$72,000 | |
| 90 - Indirect Cost | | | |
| 49 - Boces Services | | | |
| 30 - Minor Remodeling | | | |
| 20 - Equipment | | | |
| | Total Increase or Decrease: | (+) \$ 72,000 | (-) \$ 72,000 |
| | Net Increase or Decrease: | \$ 0 | |
| | Previous Budget Total: | \$ 100,002 | |
| | Proposed Amended Total: | \$ 100,002 | |

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

Office of Accountability
10/12/11

| | | |
|------------------|-----------------------------|--------|
| Agency Name: | Crown Point Central School | Essex |
| Mailing Address: | 2758 Main Street, PO Box 35 | County |
| | Crown Point, NY 12928 | |

| | | | |
|-----------------|-----------------------|--------------|-----------------|
| Agency Code: | 150203040000 | Amendment #: | 001 |
| Project Number: | 5884-21-0860 | | |
| Contract #: | | | |
| Contact Person: | Shari L. Brannock | Tel: | 518-597-3285 x2 |
| E-mail Address: | brannock@cpcsteam.org | | |

RECEIVED
AUG 24 2023
GRANTS FINANCE

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: 8/12/2023 Signature: Shari Brannock

FOR DEPARTMENT USE ONLY

Program Approval: K. [Signature] Date: 8/22/23

Finance: 8/25/23⁰⁴ Logged

8/31/23 Approved

| SUBTOTAL | EXPLANATION (Provide same detail as required in FS-10 Budget) | SUBTOTAL INCREASE | SUBTOTAL DECREASE |
|-----------------------------|---|--------------------------|--------------------------|
| 15 - Professional Salaries | REDUCE SALARIES NEEDED BASED ON OTHER FUNDING SOURCES | | \$10,900 |
| 16 - Support Staff Salaries | | | |
| 40 - Purchased Services | INCREASE COUNSELING SVCS AVIALABLE BY PREVENTION TEAM | \$10,900 | \$0 |
| 45 - Supplies & Materials | | | |
| 46 - Travel Expenses | | | |
| 80 - Employee Benefits | | \$0 | \$0 |
| 90 - Indirect Cost | | \$0 | \$0 |
| 49 - Boces Services | | | |
| 30 - Minor Remodeling | | | |
| 20 - Equipment | 0 | \$0 | |
| | Total Increase or Decrease: | (+) \$ 10,900 | (-) \$ 10,900 |
| | Net Increase or Decrease: | \$ | 0 |
| ENTER BUDGET > | Previous Budget Total: | \$ | 499,996 |
| | Proposed Amended Total: | \$ | 499,996 |

= Required Field

| | | |
|------------------|-----------------------------|--------|
| Agency Name: | Crown Point Central School | Essex |
| Mailing Address: | 2758 Main Street, PO Box 35 | County |
| | Crown Point, NY 12928 | |

Agency Code: Amendment #:

Project Number:

Contract #:

Contact Person: Tel:

E-mail Address:

INSTRUCTIONS

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 - Any increase in the total budget amount.
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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: 08/29/2023

Signature: *Shari Brannock*

FOR DEPARTMENT USE ONLY

Program Approval: *Km Jahn*

Date: 9/7/23

Finance:
Logged

Approved

RECEIVED

| SUBTOTAL | EXPLANATION (Provide same detail as required in FS-10 Budget) | SUBTOTAL INCREASE | SUBTOTAL DECREASE |
|-----------------------------|--|------------------------------|------------------------------|
| 15 - Professional Salaries | INCREASE SALARIES NEEDED BASED ON ADDITIONAL PART-TIME AIS TEACHER AVAILABLE | \$27,667 | \$0 |
| 16 - Support Staff Salaries | | | |
| 40 - Purchased Services | | \$0 | \$0 |
| 45 - Supplies & Materials | | | |
| 46 - Travel Expenses | | | |
| 80 - Employee Benefits | REDUCE EMPLOYEE BENEFITS TO PAY PART-TIME AIS TEACHER 2023-24 SCHOOL YEAR | \$0 | \$27,667 |
| 90 - Indirect Cost | | \$0 | \$0 |
| 49 - Boces Services | | | |
| 30 - Minor Remodeling | | | |
| 20 - Equipment | 0 | \$0 | |
| | Total Increase or Decrease: | (+) \$ 27,667 | (-) \$ 27,667 |
| | Net Increase or Decrease: | \$ 0 | |
| ENTER BUDGET > | Previous Budget Total: | \$ 499,996 | |
| | Proposed Amended Total: | \$ 499,996 | |

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

Received

SEP 07 2023

Office of Accountability

| | | |
|------------------|-----------------------------|--------|
| Agency Name: | Crown Point Central School | Essex |
| Mailing Address: | 2758 Main Street, PO Box 35 | County |
| | Crown Point, NY 12928 | |

Agency Code:

Amendment #:

CASSA ESSEX 2

Project Number:

Contract #:

Contact Person:

Tel:

E-mail Address:

INSTRUCTIONS

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CHIEF ADMINISTRATOR'S CERTIFICATION

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Date: 09/04/23

Signature: [Handwritten Signature]

FOR DEPARTMENT USE ONLY

Program Approval: [Handwritten Signature]

Date: 9/6/23

Finance:
Logged

Approved

RECEIVED

| SUBTOTAL | EXPLANATION (Provide same detail as required in FS-10 Budget) | SUBTOTAL INCREASE | SUBTOTAL DECREASE |
|-----------------------------|---|--------------------------|--------------------------|
| 15 - Professional Salaries | REDUCE SALARIES NEEDED BASED ON OTHER FUNDING SOURCES AND DUE TO NEED FOR SECOND YR OF BOCES TECH INTEGRATION SUPPORT | | \$32,723 |
| 16 - Support Staff Salaries | | | |
| 40 - Purchased Services | | | |
| 45 - Supplies & Materials | | | |
| 46 - Travel Expenses | | | |
| 80 - Employee Benefits | | | |
| 90 - Indirect Cost | | | |
| 49 - Boces Services | INCREASE DUE TO NEED FOR MORE BOCES TECH INTEGRATION SUPPORT SECOND YEAR | \$32,723 | |
| 30 - Minor Remodeling | | | |
| 20 - Equipment | | \$0 | |
| | Total Increase or Decrease: | (+) \$ 32,723 | (-) \$ 32,723 |
| | Net Increase or Decrease: | \$ 0 | |
| ENTER BUDGET > | Previous Budget Total: | \$ 281,113 | |
| | Proposed Amended Total: | \$ 281,113 | |