

= Required Field

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

Agency Code:	<input type="text" value="150203040000"/>	Amendment #:	<input type="text" value="001"/>
Project Number:	<input type="text" value="5880-21-0860"/>		
Contract #:	<input type="text"/>		APP ESSEX 3
Contact Person:	<input type="text" value="Shari L. Brannock"/>	Tel:	<input type="text" value="518-597-3285 x2"/>
E-mail Address:	<input type="text" value="brannock@cpcsteam.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: 08/09/2023 Signature: *Shari Brannock*

FOR DEPARTMENT USE ONLY

Program Approval: _____ Date: _____

Finance:
 Logged 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		\$27,559
16 - Support Staff Salaries			
40 - Purchased Services	DECREASE DUE TO LOWER COST FOR BOARDWORKS PURCHASE AND NO COST FOR ESSEX CTY MENTAL HEALTH VISITS		\$9,345
45 - Supplies & Materials			
46 - Travel Expenses			
80 - Employee Benefits	INCREASED EMP BENEFITS COSTS	\$9,000	\$0
90 - Indirect Cost	INCREASE TO PAY PARTIAL INDIRECT COSTS ALLOWED W/FUNDS	\$27,904	\$0
49 - Boces Services			
30 - Minor Remodeling			
20 - Equipment	0	\$0	
ENTER BUDGET >	Total Increase or Decrease:	(+) \$ 36,904	(-) \$ 36,904
	Net Increase or Decrease:	\$ 0	
	Previous Budget Total:	\$ 449,157	
	Proposed Amended Total:	\$ 449,157	