

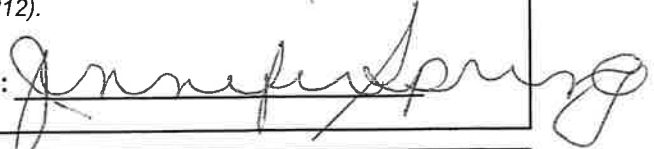
= Required Field

Agency Name:	WATERVILLE CSD	ONEIDA
Mailing Address:	381 MADISON STREET	County
	WATERVILLE, NY 13480	

Agency Code:	<input type="text" value="411902040000"/>	Amendment #:	<input type="text" value="001"/>
Project Number:	<input type="text" value="5883-21-2045"/>		
Contract #:	<input type="text"/>		
Contact Person:	<input type="text" value="CYNTHIA AMAROSA"/>	Tel:	<input type="text" value="315-841-3913"/>
E-mail Address:	<input type="text" value="CAMAROSA@WATERVILLECSD.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	
<i>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).</i>	
Date: <u>7/29/24</u>	Signature: 

FOR DEPARTMENT USE ONLY	
Program Approval: _____	Date: _____
Finance: <input type="checkbox"/> <input type="checkbox"/>	
Logged	Approved

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 - Professional Salaries	<p>Remove:</p> <p>Stipends Teachers 22-23 (-\$39,113) Stipends Teachers 23-24 (-\$40,887) Psychologist 22-23 (-\$15,000) Psychologist (-\$15,000)</p> <p>To increase the instructional day by thirty minutes thereby providing additional instruction time to all students. We believe a longer school day (7 hour day) is an outstanding way to help address the impact of the pandemic. We will use the additional monies to pay teachers and a teacher assistant for the extended day.</p> <p>Add:</p> <p>Extended Day Teaching Salaries \$4750 PER YEAR x 30 TEACHERS= \$142,500 Teacher Assitants: \$2750 per year x 1 = \$2750 Total \$145,250</p>	\$35,250	
16 - Support Staff Salaries	<p>Remove:</p> <p>Bus Drivers (-\$15,330)</p>		\$15,330
40 - Purchased Services			
45 - Supplies & Materials	<p>Remove:</p> <p>Materials for group sessions (-\$8,336)</p>		\$8,336
46 - Travel Expenses			
80 - Employee Benefits	<p>Remove previously approved benefits (-\$22,560) FICA = \$10,976</p>		\$11,584
90 - Indirect Cost			
49 - Boces Services			
30 - Minor Remodeling			
20 - Equipment			
	Total Increase or Decrease:	(+ \$ 35,250	(-) \$ 35,250
	Net Increase or Decrease:	\$ 0	
ENTER BUDGET >	Previous Budget Total:	\$ 156,226	
	Proposed Amended Total:	\$ 156,226	