

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)

received
JUN 22 2023
of accountability

= Required Field

Agency Name:	<u>New Lebanon Central School District</u>	<u>Columbia</u>
Mailing Address:	<u>14665 Route 22</u>	<u>County</u>
	<u>New Lebanon, NY 12125</u>	

Agency Code:	<input type="text" value="101601040000"/>	Amendment #:	<input type="text" value="002"/>
Project Number:	<input type="text" value="5891"/> <input type="text" value="5880-21-0550"/>		
Contract #:	<input type="text"/>		
Contact Person:	<input type="text" value="Danielle Brewster"/>	Tel:	<input type="text" value="518-794-1301"/>
E-mail Address:	<input type="text" value="dbrewster@newlebanoncsd.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: 6/13/23 Signature: *Car 2nt*

FOR DEPARTMENT USE ONLY

Program Approval:	<u><i>Catherine Clayton</i></u>	Date:	<u>6/28/23</u>
Finance:	<input type="text" value="6/29/23<sup>cc</sup>"/> <input checked="" type="checkbox"/> <input type="text" value="7/3/23"/>		

RECEIVED

Logged

Approved

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 - Professional Salaries	Less tutoring needed in year 2,use money to pay for substitutes and TA coverage	\$18,693	\$9,443
16 - Support Staff Salaries			
40 - Purchased Services			
45 - Supplies & Materials			
46 - Travel Expenses			
80 - Employee Benefits			
90 - Indirect Cost			
49 - Boces Services	Less students than anticipated needed virtual learning, Questar III year 2		\$9,250
30 - Minor Remodeling			

20 - Equipment			
	Total Increase or Decrease:	(+)	\$ 18,693
	Net Increase or Decrease:	\$	0
ENTER BUDGET >	Previous Budget Total:	\$	275,654
	Proposed Amended Total:	\$	275,654

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Agency Name:	<u>New Lebanon Central School District</u>	<u>Columbia</u>
Mailing Address:	<u>14665 Route 22</u>	<u>County</u>
	<u>New Lebanon, NY 12125</u>	

Agency Code:	<input type="text" value="101601040000"/>	Amendment #:	<input type="text" value="002"/>
Project Number:	<input type="text" value="5880-21-0550"/>		
Contract #:	<input type="text"/>		
Contact Person:	<input type="text" value="Danielle Brewster"/>	Tel:	<input type="text" value="518-794-1301"/>
E-mail Address:	<input type="text" value="dbrewster@newlebanoncsd.org"/>		

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Date: 6/13/23 Signature: 

FOR DEPARTMENT USE ONLY

Program Approval:	<input type="text"/>	Date:	<input type="text"/>
Finance:	<input type="text"/>		<input type="text"/>

Logged

Approved

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 - Professional Salaries	Less tutoring needed in year 2,use money to pay for substitutes and TA coverage	\$18,693	\$9,443
16 - Support Staff Salaries			
40 - Purchased Services			
45 - Supplies & Materials			
46 - Travel Expenses			
80 - Employee Benefits			
90 - Indirect Cost			
49 - Boces Services	Less students than anticipated needed virtual learning, Questar III year 2		\$9,250
30 - Minor Remodeling			

20 - Equipment			
	Total Increase or Decrease:	(+)	\$ 18,693
	Net Increase or Decrease:		(-) \$ 18,693
ENTER BUDGET >	Previous Budget Total:	\$	275,654
	Proposed Amended Total:	\$	275,654

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THE STATE EDUCATION DEPARTMENT

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FEDERAL OR STATE PROJECT
FS-10-A (03/15)

Received

FEB 18 2022

= Required Field

Office of Accountability

Agency Name:	New Lebanon Central School District	Columbia
Mailing Address:	14665 Route 22	County
	New Lebanon, NY 12125	

Agency Code:

Amendment #:

Project Number:

Contract #:

Contact Person:

Tel:

E-mail Address:

INSTRUCTIONS

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Date: 2/10/22

Signature: [Handwritten Signature]

FOR DEPARTMENT USE ONLY

Program Approval: Catherine Clayton

Date: _____

RECEIVED

Finance:

MAR 18 2022

GRANTS FINANCE

2/10/2022 2:11 PM

Logged

Approved

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 - Professional Salaries	School Psychologist, 1.0 FTE, 2 years Tutoring for Students in Quarentine	\$151,783	
16 - Support Staff Salaries			
40 - Purchased Services	Less students than anticipated needed virtual learning, Questar III Year 1 \$10,500 Year 2 \$10,500		\$206,571
45 - Supplies & Materials			
46 - Travel Expenses			
80 - Employee Benefits	School Psychologist Benefits, 1.0 FTE, 2 years: Health Insurance: \$44,788, TRS:\$10,000	\$54,788	
90 - Indirect Cost			
49 - Boces Services	Questar III		206,571 CC
30 - Minor Remodeling			

20 - Equipment				
	Total Increase or Decrease:	(+) \$	206,571	(-) \$ 206,571
	Net Increase or Decrease:	\$	0	
ENTER BUDGET >	Previous Budget Total:	\$	275,654	
	Proposed Amended Total:	\$	275,654	