

= Required Field

Date Received
JUL 05 2024
Office of Accountability

Agency Name:	Averill Park Central School District	Rensselaer
Mailing Address:	146 Gettle Road, Station 1	County
	Averill Park, NY 12018	

Agency Code:	<input type="text" value="491302060000"/>	Amendment #:	<input type="text" value="001"/>
Project Number:	<input type="text" value="5218-21-2575"/>		
Contract #:	<input type="text"/>		
Contact Person:	<input type="text" value="Karie Mancino"/>	Tel:	<input type="text" value="518-674-7068"/>
E-mail Address:	<input type="text" value="mancinok@apcsd.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: 7/1/24

Signature: [Signature]

FOR DEPARTMENT USE ONLY

Program Approval: [Signature]

Date: 7/15/24

Finance:
Logged

Approved



SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 - Professional Salaries			
16 - Support Staff Salaries	Decrease Bus Driver \$2,794		\$2,794
40 - Purchased Services	Decrease Hotel Room \$1,500		\$1,500
45 - Supplies & Materials	Purchase of 3 cabinets @ \$285	\$856	
46 - Travel Expenses	Expense for homeless family transporting 999.4mi @ child. 4,471mi @ \$.655/mi and \$.67/mi	\$3,651	
80 - Employee Benefits	Decrease FICA - \$213		\$213
90 - Indirect Cost			
49 - Boces Services			
30 - Minor Remodeling			
20 - Equipment			
ENTER BUDGET >	Total Increase or Decrease:	(+) \$ 4,507	(-) \$ 4,507
	Net Increase or Decrease:	\$ 0	
	Previous Budget Total:	\$ 6,745	
	Proposed Amended Total:	\$ 6,745	