

**The University of the State of New York
THE STATE EDUCATION DEPARTMENT**

**PROPOSED AMENDMENT FOR A
FEDERAL OR STATE PROJECT
FS- 10A (03/15)**



Agency Name: _____
Mailing Address: _____

Agency Code: _____
Project Number: _____
Contract #: _____
Contact Person: _____
E-mail Address: **Peter.Frank@HallmarkCSD.org**

INSTRUCTIONS

Submit the original and two copies directly to the same State Education Department office where budget was mailed
DONOT submit this form to Grants Finance

Amendment # at top of this page must be completed

Do not use the FS- 10A for requesting a project extension

CHEF 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 ^{are} the project.

Date:

Signature:

Program Approval:

Date:

Finance:

Logged

Approved

| SUBTOTAL | EXPLANATION (Provide same detail as required in FS-10 Budget) | SUBTOTAL INCREASE | SUBTOTAL DECREASE |
|--|---|----------------------|----------------------|
| 15- Professional Salaries P.S.O.R | Project Coordinator at 1.0 FTE left mid year and not replaced | | \$45,000 |
| 16- Support Staff Salaries | 1.0 FTE Teacher Aide added to assist in classroom coverage | \$18,500 | |
| 40- Purchased Services | Little Friends Preschool increased enrollment by 1.0 FTE student (+\$5,700) Yummy inny/Tummy meal increase 1.0 FTE student x 180 days x \$5 (+\$900) | \$6,600 | |
| 45- Supplies & Materials | | | |
| 46- Travel Expenses | | | |
| 80- Employee Benefits | | | |
| 90- Indirect Cost | | | |
| 49- Bases & | | | |
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