

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
(see instructions for mailing address)

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

Agency Name and Address

Moriah Central School District
39 Viking Lane
Port Henry, N.Y., 12974

ARP State Reserves: LIT

Essex
County

Agency Code:

1	5	0	9	0	1	0	4	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---

Project #:

5	8	8	4	2	1	0	8	8	0
---	---	---	---	---	---	---	---	---	---

Amendment #

001

Contract #:

--	--	--	--	--	--	--	--

Contact Person: Erin Gilbo

Tel. #: (518) 546-3301 ext. 3503

E-Mail Address: egilbo@moriahk12.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.**
- ❖ Enter whole dollar amounts only.
- ❖ 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.
- ❖ 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, and accurate, and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and 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: 6/13/22

SIGNATURE: 

Chief Administrative Officer

FOR DEPARTMENT USE ONLY

Program Approval: _____ Date: _____

Finance:

--

Log

--

Approved

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 Professional Salaries			
16 Support Staff Salaries			
40 Purchased Services	<u>AU#16</u> Two-day Anti-Bullying presentation and workshops structured to promote mental health, social emotional development, and safe school environment - mitigating potential impediment to students' social emotional growth due to lost instructional time in correlation to the Pandemic. \$4,800/day x 2 days = \$9,600	\$9,600	
45 Supplies & Materials			
46 Travel Expenses			
80 Employee Benefits			
90 Indirect Cost			
49 BOCES Services			
30 Minor Remodeling			
20 Equipment	STEM Activity Carts were less than anticipated.		\$9,600
Total Increase or Decrease		(+) \$9,600	(-) \$9,600
Net Increase or Decrease		\$0	

Previous Budget Total

\$592,031

Proposed Amended Total

\$592,031

