

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)

Received

**Agency Name and Address**

Saranac Central School District
PO Box 8
Saranac, NY 12981

Clinton

County

MAR 03 2022  
Office of Accountability

Agency Code:

0	9	1	4	0	2	0	6	0	0	0	0
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Amendment #

2

Project #:

5	8	9	0	2	1	0	5	1	5
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Contract #:

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Contact Person: Danielle McAfee

Tel. #: 518-565-5612

E-Mail Address: dmcafee@saranac.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.

RECEIVED  
MAR 16 2022  
GRANTS FINANCE

**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: 2/28/22

SIGNATURE: \_\_\_\_\_



Chief Administrative Officer

**FOR DEPARTMENT USE ONLY**

Program Approval: \_\_\_\_\_



Date: \_\_\_\_\_

3/7/22

Finance: \_\_\_\_\_

3/17/22

Log

3/22/22

Approved

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 Professional Salaries	Move remaining balance to pay health insurance benefits.		1,968
16 Support Staff Salaries			
40 Purchased Services			
45 Supplies & Materials			
46 Travel Expenses			
80 Employee Benefits	Increase to pay health insurance costs.	1,968	
90 Indirect Cost			
49 BOCES Services			
30 Minor Remodeling			
20 Equipment			
<b>Total Increase or Decrease</b>		<b>(+) \$1,968</b>	<b>(-) \$1,968</b>
<b>Net Increase or Decrease</b>		<b>\$0</b>	
<b>Previous Budget Total</b>		<b>\$325,792</b>	
<b>Proposed Amended Total</b>		<b>\$325,792</b>	