

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)

☐ = Required Field

Agency Name:	Longwood Central School District	Suffolk
Mailing Address:	35 Yaphank Middle Island Road	County
	Middle Island, NY 11953	

Agency Code: 580212060000

Amendment #:

006

Project Number: 5891-21-3005

Contract #:

Contact Person: Lisa Mato

Tel: 631-345-2952

E-mail Address: Lisa.Mato@LongwoodCSD.org

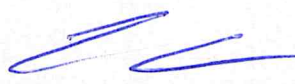
INSTRUCTIONS

- 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: 6/29/22

Signature: 

FOR DEPARTMENT USE ONLY

Program Approval: _____

Date: _____

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			
40 - Purchased Services	<p>Category #10: Transportation costs for District Wide Learning Loss Programs (students attending grades 1-8 Extended Day and/or At Risk Youth in grades 5-12 attending Empire After School Program. Cost based on First Student/Suffolk transportation Contract bid. Deduct [9.4984 hrs x 7 schools x \$450/hr] = <\$29,920></p> <p>Category #15: Purchase New York State Individuals with Disabilities (NYSID)/CASO Inc. for digital scanning of student records for easy access and retention of transcripts. Additional Student record between years 2014 -2016 Increase [200,000 sheets x \$0.15/sheet] = \$30,000</p>	\$30,000	\$29,920
45 - Supplies & Materials			
46 - Travel Expenses			
80 - Employee Benefits			
90 - Indirect Cost	<p>Decrease 1.6% Indirect cost due to [Purchased Service code for NYSID \$5,000 over the \$25,000 max allowable] [Calculation: 1.6% x \$5,000 = \$80]</p>		\$80
49 - Boces Services			
30 - Minor Remodeling			

20 - Equipment			
	Total Increase or Decrease:	(+) \$ 30,000	(-) \$ 30,000
	Net Increase or Decrease:	\$ 0	
ENTER BUDGET >	Previous Budget Total:	\$ 8,127,667	
	Proposed Amended Total:	\$ 8,127,667	