

= Required Field

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

Agency Code:	<input type="text" value="580212060000"/>	Amendment #:	<input type="text" value="001"/>
Project Number:	<input type="text" value="5883-21-3005"/>		
Contract #:	<input type="text"/>		
Contact Person:	<input type="text" value="Lisa Mato"/>	Tel:	<input type="text" value="631-345-2952"/>
E-mail Address:	<input type="text" value="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: 10/21/22 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	Trauma Informed Practice: Decrease the Approved After School Restorative Transition Program Staffing for program not running in 21-22. {2 Mental Health Staff x 4hrs/day x 4 days/wk x \$61/hr x 26.511 weeks}		\$51,750				
16 - Support Staff Salaries	Curriculum-Aligned Enrichment Activity - Increase funds for already approved After School Extended Day Program need for additional Aids and Monitors to work with students and teachers 22-23. (District Wide) {(10) Monitors x \$20/hr x 6 hr/wk x 15 weeks = \$18,000 } and {(15) Aids x \$25 x 6hrs/wk x 15 weeks = \$33,750 }	\$51,750					
40 - Purchased Services							
45 - Supplies & Materials							
46 - Travel Expenses							
80 - Employee Benefits							
90 - Indirect Cost							
49 - Boces Services							
30 - Minor Remodeling							
20 - Equipment							
Total Increase or Decrease:		(+)	\$	51,750	(-)	\$	51,750
Net Increase or Decrease:		\$					0

ENTER BUDGET >

Previous Budget Total:	\$	1,428,600
Proposed Amended Total:	\$	1,428,600