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

PROPOSED AMENDMENT FOR MAY 2 0 2022 FEDERAL OR STATE PROBLECT COUNTAbility

= Required Field

Agency Name: _	CAZENOVIA CENTRAL SCHOOLS	MADISON
Mailing Address:	31.EMORY AVENUE	County
	CAZENOVIA, NY 13035	
Agency Code:	250201060000	Amendment #: 001
Project Number:	5891-21-1285	Amendment #.
Contract #:		
Contact Person:	DONNA MEYERS T	el: 315-655-5307
E-mail Address:	DMEYERS@CAZ:CNYRIC.ORG	
INCTRICTIONS		

- 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 penaltiesfor fraud, false statements, false claims, or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812). Signature: FOR DEPARTMENT USE ONLY **Program Approval** Finance:

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SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)		SUBTOTAL INCREASE	SUBTOTAL DEGREASE
15 - Professional Salaries				
16 - Support Staff Salaries	FOR ADDITIONAL WEEKEND HOW WORKED BY DISTRICT NURSES TO CONTACT TRACING		\$6,000	
40 - Purchased Services	TO COVER CONTRACTED MENT HEALTH COORDINATOR EXPEN		\$38,000	
45 Supplies & Materials	-	<u>-</u>		
46- Travel Expenses				-
80 - Employee Benefits	HEALTH INSURANCE EXPENSE V LESS THAN ANTICIPATED	VAS		\$38,000
90 - Indirect Cost				
49 - Boces Services	BOCES SERVICES WERE LESS T ANTICIPATED	HAN		\$6,000
30 - Minor Remodelling	(
20 - Equipment				
	Total Increase or Decrease:	(+) \$	44,000	(-) \$ 44,000
	Net Increase or Decrease:	\$		0
ENTER BUDGET >	Previous Budget Total:	\$		1,150,317

Proposed Amended Total: \$ 1,150,317

4/29/2022 1:50 PM