

MAR 24 2023

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)

District Treasurer
East Greenbush School District

Office of Accountability

☐ = Required Field

ARP ESSER3 - 21L

Agency Name:	East Greenbush Central School District	Rensselaer
Mailing Address:	29 Englewood Ave	County
	East Greenbush, NY 12061	

Agency Code: 490301060000

Project Number: 5880-21-2485

Amendment #: 001

Contract #:

Contact Person: Mary T Ridzi

Tel: 518-207-2534

E-mail Address: ridzima@egcsd.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: 1/12/2023

Signature: *[Handwritten Signature]*

FOR DEPARTMENT USE ONLY

Program Approval: *Kathleen Prout*

Date: 1/30/2023

Finance: 2/14/23^{ec}

Logged

2/14/23 *m/c*

Approved

RECEIVED

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			
45 - Supplies & Materials			
46 - Travel Expenses			
80 - Employee Benefits	Decrease budget based on less employees enrolling in the family health insurance plans than anticipated in FY21-22.		\$41,539
90 - Indirect Cost			
49 - Boces Services	Increase budget due to increased cost of UPK program for SY22-23.	\$41,539	
30 - Minor Remodeling			
20 - Equipment			
ENTER BUDGET >	Total Increase or Decrease:	(+) \$ 41,539	(-) \$ 41,539
	Net Increase or Decrease:	\$ 0	
	Previous Budget Total:	\$ 2,384,534	
	Proposed Amended Total:	\$ 2,384,534	

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8016 00 00

216 2110
4900 00 00