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The University of the State of New York
THE STATE EDUCATION DEPARTMENT
(see instructions for mailing address)

By: _____
Business Office

PROPOSED AMENDMENT FOR
A FEDERAL OR STATE PROJECT
FS-10-A (03/15)

DEC 14 2023

Agency Name and Address

Lyme Central School District
PO BOX 219
Chaumont, NY 13622

Jefferson

County

Agency Code:

2 2 1 3 0 1 0 4 0 0 0 0

Amendment #

004

Project #:

5 8 8 0 2 1 1 1 9 5

Contract #:

Contact Person: Ariana Morrison

Tel. #: (315) 649-2417 ext: 232

E-Mail Address: amorrison@lymecsd.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.

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JAN 10 2024
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: 12/11/23

SIGNATURE: _____

Ariana Morrison

Chief Administrative Officer

FOR DEPARTMENT USE ONLY

Program Approval: _____

K.A.

Date: 1/9/24

Finance:

1/10/24

Log

D 1/10/24

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			
45 Supplies & Materials	The workbooks and paper that were budgeted for under Code 45 is expected to be approximately \$6,000 less than originally budgeted. That money will be reallocated under the same code, 45, to ensure that the district is adequately equipped with AED units. AED units are necessary to enable the safe return of students to in-person instruction.	\$5,003.60	\$5,003.60
46 Travel Expenses			
80 Employee Benefits			
90 Indirect Cost			
49 BOCES Services			
30 Minor Remodeling			
20 Equipment			
Total Increase or Decrease		(+)\$5,003.60	(-)\$5,003.60
Net Increase or Decrease		\$	
Previous Budget Total		\$719,925	
Proposed Amended Total		\$719,925	