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

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

| Business Of Agence | ey Name and Address | Í | | | Den | |
|-----------------------------|---|---|-----------|------------|------------------|-----|
| Lyme Central Scho | | | | | Die This | 7.0 |
| PO BOX 219 | | | Jefferson | Co | ounty | Sul |
| Chaumont, NY 136 | 522 | | | Co | dunty | Ye, |
| Agency Code: Project #: | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | 1 | 0 0 | 0 0 9 5 | Amendment # | 005 |
| Contract #: Contact Person: | Ariana Morrison | | Tel. #: | (315) 6 | 49-2417 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.

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This form need only be submitted for budget changes that require prior approval as follows:

JAN 1 0 2024

- Personnel positions, number and type
- Equipment items having a unit value of \$5,000 or more, number and type

GRANTS FINANCE

- 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.

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. (ILS, Code Title 18, Section 1001) and Title 31, Sections 3729-3730 and 3801-3812).

| false claims, or otherwise .DATE: 12/11/2023 | e. (Ú.S. Code Title 18, Se SIGNATUR | ection 1001 and Title 31, Sec E: Chie | Administrativ | |
|--|--|--|---------------|--------|
| Program Approval: | FOR DEI | PARTMENT USE ONLY Approved | Date: | 1/9/24 |

FS-10-A Page 2

| SUBTOTAL | | EXPLANATION (Provide same detail as required in FS-10 Budget) | SUBTOTAL INCREASE | SUBTOTAL DECREASE | |
|----------|---------------------------|---|----------------------|----------------------|--|
| 15 | Professional Salaries | Reallocate \$55,521 from afterschool program professional staff salaries, already budgeted for in code 15 which came under budget, to COVID Attendance Bonuses for support staff at a maximum of \$2,500 per employee to our retain our highly qualified professionals who worked tirelessly to provide instruction to students during the COVID-19 pandemic. (March 13, 2020 to June 30, 2022). 20 Teachers @ \$2,500 4 Teachers @ \$1,042 1 Teacher @ \$833 1 Teacher @ \$520 | \$55,521 | \$55,521 | |
| 16 | Support Staff Salaries | | | | |
| 40 | Purchased Services | | | | |
| 45 | Supplies & Materials | XH. | | | |
| 46 | Travel Expenses | | | | |
| 80 | Employee Benefits | | | | |
| 90 | Indirect Cost | | | | |
| 49 | BOCES Services | | | | |
| 30 | Minor Remodeling | A 10 | | | |
| 20 | Equipment | | M | | |
| | | Total Increase or Decrease | (+) \$55,521 | (-) \$55,521 | |
| | | Net Increase or Decrease | | \$0 | |
| | | Previous Budget Total | \$719,925 | | |
| | | Proposed Amended Total | | \$719,925 | |