

**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 Office**

By: 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
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Amendment #

006

Project #:

5	8	8	0	2	1	1	1	9	5
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Contract #:

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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: 12/11/2023

SIGNATURE: *Patricia Gibbs*

Chief Administrative Officer

**FOR DEPARTMENT USE ONLY**

Program Approval: *[Signature]*

Date: 1/9/24

Finance:

1/10/24

Log

*[Signature]*

Approved

<b>SUBTOTAL</b>	<b>EXPLANATION</b> (Provide same detail as required in FS-10 Budget)	<b>SUBTOTAL INCREASE</b>	<b>SUBTOTAL DECREASE</b>
15 Professional Salaries			
16 Support Staff Salaries	<p>Reallocate \$17,938 from afterschool program support staff salaries, already budgeted for in code 16 which came under budget, to COVID Attendance Bonuses for support staff at a maximum of \$2,500 per employee to retain professionals who worked tirelessly during the COVID-19 pandemic. (March 13, 2020 to June 30, 2022).</p> <p>The remaining amount \$12,465 will come from code 80. Salaries for the afterschool program came in under budget resulting in the same for code 80.</p>	\$12,465	
40 Purchased Services			
45 Supplies & Materials			
46 Travel Expenses			
80 Employee Benefits	Salaries for the afterschool program came in under budget resulting in the same for code 80.		\$12,465
90 Indirect Cost			
49 BOCES Services			
30 Minor Remodeling			
20 Equipment			
<b>Total Increase or Decrease</b>		(+)\$12,465	(-)\$12,465
<b>Net Increase or Decrease</b>		\$0	
<b>Previous Budget Total</b>		\$719,925	
<b>Proposed Amended Total</b>		\$719,925	