

= Required Field

Agency Name:	Hannibal CSD	Oswego
Mailing Address:	928 Cayuga Street	County
	Hannibal, NY 13074	

Agency Code:	<input type="text" value="460701040000"/>	Amendment #:	<input type="text" value="002"/>
Project Number:	<input type="text" value="5884-21-2340"/>		
Contract #:	<input type="text"/>		
Contact Person:	<input type="text" value="Nancy Henner Dingman"/>	Tel:	<input type="text" value="315-564-7977"/>
E-mail Address:	<input type="text" value="nhenner@hannibalcsd.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: 10/13/2023 Signature: 

FOR DEPARTMENT USE ONLY

Program Approval: _____ Date: _____

Finance:
 Logged Approved

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE	
15 - Professional Salaries	We are looking for 2 teachers to provide assistance in areas of Math and ELA to students that have been identified needing Tier 3 services. Adding Elementary Reading AIS teacher @ FES: \$57,906; Adding Elementary Reading/Math AIS teacher @ FES: \$62,027	\$109,934		
16 - Support Staff Salaries				
40 - Purchased Services				
45 - Supplies & Materials				
46 - Travel Expenses				
80 - Employee Benefits	Decrease Health Insurance due to some employees currently paid out of the Learning Loss funding have not been on the health insurance plan.		\$109,934	
90 - Indirect Cost				
49 - Boces Services				
30 - Minor Remodeling				
20 - Equipment				
ENTER BUDGET >	Total Increase or Decrease:	(+)	\$ 109,934	
	Net Increase or Decrease:		(-) \$ 109,934	
	Previous Budget Total:	\$		1,140,071
	Proposed Amended Total:	\$		1,140,071