

= 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="001"/>
Project Number:	<input type="text" value="5882-21-2340"/>		
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: 2/8/2023 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	Increase for summer enrichment program for at risk K-12 students to be offered: 23 teachers @ \$50 per hour @ 15 days = \$17,250	\$17,250	
16 - Support Staff Salaries			
40 - Purchased Services	Decrease due to Lego Camp no longer in business (-15,000); Decrease Tickets to the zoo and summer bowling activity (-20,500)		\$35,500
45 - Supplies & Materials	Scholastic Summer Book Club for K-8 students (1,000 students @ \$15.00 per students).	\$15,000	
46 - Travel Expenses			
80 - Employee Benefits	Benefits for 15 code: TRS @ 9.76% and FICA 7.65.	\$3,250	
90 - Indirect Cost			
49 - Boces Services			
30 - Minor Remodeling			
20 - Equipment			
ENTER BUDGET >	Total Increase or Decrease:	(+)	\$ 35,500
	Net Increase or Decrease:	\$	0
	Previous Budget Total:	\$	228,021
	Proposed Amended Total:	\$	228,021

From: [Sayvanna SFabian](#)
To: [Henner, Nancy](#)
Subject: 5882 AMENDMENT #1
Date: Wednesday, February 15, 2023 9:31:55 AM

This email is to inform you that the New York State Education Department (NYSED or “The Department”) has programmatically approved **ARP ESSER STATE LEVEL RESERVES (5882-21-2340) – Amendment #001** following a risk-based review of the submitted materials.

Your application will be forwarded to the NYSED Grant Finance Office for final processing.

As a reminder, the project period for this grant award is from March 13, 2020 through September 30, 2024. FS-10F final expenditure reports should not be submitted until after all encumbrances have been liquidated (bills paid) but no later than 10/30/24.

Warmest Regards,

Sayvanna SFabian
Project Coordinator
Office of ESSA-Funded Programs
New York State Education Department
89 Washington Avenue
Albany, NY 12234
518-473-3586

Confidentiality Notice

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