

= Required Field

Agency Name:	NEWFANE CSD	NIAGARA
Mailing Address:	6273 CHARLOTTEVILLE ROAD	County
	NEWFANE, NY 14108	

Agency Code:	<input type="text" value="400601060000"/>	Amendment #:	<input type="text" value="002"/>
Project Number:	<input type="text" value="5891-21-1955"/>		
Contract #:	<input type="text"/>		
Contact Person:	<input type="text" value="KEVIN KLUMPP"/>	Tel:	<input type="text" value="716 778 6861"/>
E-mail Address:	<input type="text" value="kklumpp@newfanecentralschools.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: 7/12/23

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 teachers additional salary	\$3,712	
16 - Support Staff Salaries	Increase summer cleaners and new custodians to keep buildings clean and safe for students and staff	\$250,805	
40 - Purchased Services	Decrease funding for services that were not needed		\$142,273
45 - Supplies & Materials	Decrease funding for supplies that were not needed		\$1,132
46 - Travel Expenses			
80 - Employee Benefits	Increase employee benefits due to the need of the increased support	\$31,511	
90 - Indirect Cost	Decrease indirect costs due the funds utilized for support staff		\$97,564
49 - Boces Services	Decrease BOCES services that were not utilized		\$18,696
30 - Minor Remodeling			
20 - Equipment	Decrease funding for equipment		\$26,363
	Total Increase or Decrease:	(+) \$ 286,028	(-) \$ 286,028
	Net Increase or Decrease:	\$ 0	
ENTER BUDGET >	Previous Budget Total:	\$ 1,232,415	
	Proposed Amended Total:	\$ 1,232,415	