The University of the State of New York
THE STATE EDUCATION DEPARTMENT

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

= Required Field

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

Agency Code: 400601060000
Amendment #: 001
Project Number: 5880-21-1955
Contract #:
Contact Person: KEVIN KLUMPP Tel: 716 778 6861
E-mail Address: 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 penaltiesfor fraud, false statements, false claims, or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Date: 1-29-24 **Signature:** Lisa M Krueger

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			
16 - Support Staff Salaries	To increase funds for a 1.0 FTE Athletic Trainer $33*35 hours * 48 weeks= $55,440	$55,440	
40 - Purchased Services	To increase funds for medical services (Workfit Medical) to provide support of nursing staff/trainer per contract $20,112 + Nurse staff $525 a day * 45 days= 23,625 Total $43,737	$43,737	
45 - Supplies & Materials			
46 - Travel Expenses			
80 - Employee Benefits	To incease funds for additional support staff FICA $4,250 ERS $7263 Health Insurance $6287	$18,000	
90 - Indirect Cost			
49 - Boces Services			
30 - Minor Remodeling			
20 - Equipment	To decrease funding of equipment		$117,177

	Total Increase or Decrease:	(+) $	117,177	(-) $	117,177
	Net Increase or Decrease:	$			0
ENTER BUDGET >	Previous Budget Total:	$			2,173,225
	Proposed Amended Total:	**$**			**2,173,225**