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)

| Contact Person: Cybil C. Howard Tel: 518-325-2811 E-mail Address: choward@taconichills.k12.ny.us 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. | | = Required Field | | | | | | |
|--|--|--------------------------------|-------------------|--|--|--|--|--|
| Agency Code: 100501040000 Amendment #: 001 Project Number: 5891-21-0525 Contract #: Tel: 518-325-2811 E-mail Address: choward@taconichills.k12.ny.us 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. CHIEF ADMINISTRATOR'S CERTIFICATION | Agency Name: | Taconic Hills CSD | Columbia | | | | | |
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| 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

Logged Approved

| SUBTOTAL | EXPLANATION (Provide same detail as required in FS-10 Budget) | SUBTOTAL INCREASE | SUBTOTAL DECREASE |
|-----------------------------------|---|----------------------|----------------------|
| 15 - Professional Salaries | Decrease amount available for tutoring and surplus salaries (-\$224,273) to allocate to board-approved extra work bonuses due to Covid-19 (\$147,483). Year 1 Decrease amount available for tutoring and | | |
| | surplus salaries (-\$498,412) to allocate to board-approved retention bonuses due to Covid-19 to increase attendance (\$353,138). Year 2 | | \$222,065 |
| | The bonuses are supported by Activity 15: to fund activities necessary to maintain the operation of and continuity of services in the LEA in response to the COVID-19 pandemic, including its impact on the social, emotional, mental health, and academic needs of students. | | |
| 16 - Support Staff Salaries | Increase for board-approved extra work bonuses due to Covid-19 (\$106,853). Year 1 | | |
| | Increase for board-approved retention bonuses due to Covid-19 to increase attendance (\$240,000). Year 2 | \$346,853 | |
| | The bonuses are supported by Activity 15: to fund activities necessary to maintain the operation of and continuity of services in the LEA in response to the COVID-19 pandemic, including its impact on the social, emotional, mental health, and academic needs of students. | | |
| 40 - Purchased Services | | | |
| 45 - Supplies & Materials | | | |

| 46 - Travel Expenses | | | | | |
|------------------------------|--|--------|---------|--------|-----------|
| 80 - Employee Benefits | Decreasing amount available for associated benefits. Years 1 and 2 | ciated | | | \$124,788 |
| 90 - Indirect Cost | | | | | |
| 49 - Boces Services | | | | | |
| 30 - Minor Remodeling | | | | | |
| 20 - Equipment | | | | | |
| | Total Increase or Decrease: | (+) \$ | 346,853 | (-) \$ | 346,853 |
| | Net Increase or Decrease: | \$ | | | 0 |
| ENTER BUDGET > | Previous Budget Total: | \$ | | | 1,399,830 |
| | Proposed Amended Total: | \$ | | | 1,399,830 |