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)
$\square$ = Required Field

| Agency Name: | Taconic Hills CSD |  |
| :---: | :---: | :---: |
| Mailing Address: | 73 County Route 11A | Columbia |
|  |  |  |


|  | 100501040000 |  |
| :--- | :--- | :--- |
| Agency Code: | Amendment \#: 002 |  |
|  |  |  |
| Project Number: | $5880-21-0525$ |  |
| Contract \#: | $\square$ |  |
| Contact Person: | Cybil C. Howard |  |
| 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.


## 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:
7/1/2022
Signature:

FOR DEPARTMENT USE ONLY

Program Approval:
Date: $\qquad$


1 of 3

| SUBTOTAL | EXPLANATION (Provide same detail as required in FS-10 Budget) | SUBTOTAL <br> INCREASE | SUBTOTAL DECREASE |
| :---: | :---: | :---: | :---: |
| 15 - Professional Salaries | Add LETRS PD stipends (40 staff x \$40/hr x 96 hours) ( $\$ 153,600$ ) [Activity 16b] <br> Add Attendance Counselor $(\$ 56,469)$ [Activity 7] <br> Add Elementary School Teachers (2) to address learning loss (\$119,379) [Activity 7] <br> Add Teaching Assistants (3) to support classroom teachers $(\$ 107,076)$ [Activity 7] <br> Add ENL Teachers (2) ( $\$ 128,870$ (Activity 8 ] <br> Add Summer Instructional Program (22 teachers @ 102 hours $\times \$ 40 / \mathrm{hr}=$ $\$ 89,760$ ) [Activity 15] <br> Modify Year 3 of Extra Workload Pandemic Stipends to include attendance requirement to qualify for $\$ 2,000$ payment $(\$ 117,500)$ [Activity 19] <br> Remove Year 2 of Extra Workload Pandemic Stipends (-\$232,500) [Activity 19] | \$540,154 |  |
| 16 - Support Staff Salaries | Add Summer Instructional Program (1 nurse @ 82 hours each x \$40/hr = \$3,280 <br> 5 aides @ 80 hrs each $\times \$ 20.36 / \mathrm{hr}=$ $\$ 8,144$ ) [Activity 15] <br> Modify Year 3 Extra Workload Pandemic Stipends to include attendance requirement to qualify for $\$ 2,000$ payment $(\$ 22,500)$ [Activity 19] <br> Remove Year 2 of Extra Workload Pandemic Stipends (-\$217,500) [Activity 19] |  | \$183,576 |


| 40 - Purchased Services | Add LETRS PD from Lexia <br> (8 days of online training @ \$1,500 each; 20 participant bundles @ \$369 each) [Activity 16b] |  | \$19,380 |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 45 - Supplies \& Materials | Purchase of 636 young adult n book vending machine. Used as engagement tool, students are tokens for positive behavior, att and academic rewards to select their choice from the vending m Activity is designed to maintain co services ( 636 books @ ~ \$6.2 $\$ 4,000$ ) [Activity 20] | for dent ded nce, k of ne. ity of = | \$4,000 |  |  |
| 46 - Travel Expenses |  |  |  |  |  |
| 80 - Employee Benefits | Reduce benefit costs on sa (-\$379,958) <br> [Activity 20] |  |  |  | \$379,958 |
| 90 - Indirect Cost |  |  |  |  |  |
| 49 - Boces Services |  |  |  |  |  |
| 30 - Minor Remodeling |  |  |  |  |  |
| 20 - Equipment |  |  |  |  |  |
|  | Total Increase or Decrease: | (+) \$ | 563,534 | (-) \$ | 563,534 |
|  | Net Increase or Decrease: | \$ |  |  | 0 |
| ENTER BUDGET > | Previous Budget Total: | \$ |  |  | 3,146,092 |
|  | Proposed Amended Total: | \$ |  |  | 3,146,092 |

