

The University of the State of New York  
**THE STATE EDUCATION DEPARTMENT**  
*(see instructions for mailing address)*

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

**Agency Name and Address**

Spencerport CSD
71 Lyell Ave.
Spencerport, NY 14559

Monroe

County

Escalver  
NOV 21 2023  
Office of Accountability

Agency Code:

2	6	1	0	0	1	0	6	0	0	0	0
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Amendment #

006
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Project #:

5	8	8	0	2	1	1	3	6	0
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Contract #:

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Contact Person:

Nicole Poh

Tel. #:

585-349-5119

E-Mail Address:

npoh@spencerportschools.org

RECEIVED  
DEC 11 2023  
GRANTS FINANCE

**INSTRUCTIONS**

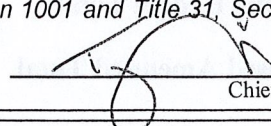
- ❖ Submit the original and two copies directly to the same State Education Department office where budget was mailed. DO NOT submit this form to Grants Finance.
- ❖ Enter whole dollar amounts only.
- ❖ This form need only be submitted for budget changes that require prior approval as follows:
  - Personnel 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.
- ❖ 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, and accurate, and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and 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: 11/16/23


SIGNATURE:



Chief Administrative Officer

**FOR DEPARTMENT USE ONLY**

Program Approval:



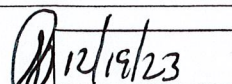
Date:

11/22/23

Finance:

12/11/23<sup>cc</sup>

Log



Approved

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 Professional Salaries	A \$101,569 increase due to: 1. Replaced the Coordinator of Family and Student Engagement with a social worker position to address students social emotional well-being. 2. Salaries over the grant period coming in higher than budgeted due to collective bargaining agreement.	\$101,569	
16 Support Staff Salaries	A \$238 net increase because salaries for the 4 budgeted technology summer help came in under budget, however, 2 additional FTEs for technology summer help were added.	\$238	
40 Purchased Services			
45 Supplies & Materials			
46 Travel Expenses			
80 Employee Benefits	A decrease of \$101,807 is needed to address the increases in the 150 Professional Salaries and 16 Support Staff Salaries noted above. The adjustment is as follows: Health Insurance: \$87,899 decrease Retirement – NYS Employee: \$5,216 decrease Dental Insurance: \$7,872 decrease Vision Insurance: \$820 decrease		\$101,807
90 Indirect Cost			
49 BOCES Services			
30 Minor Remodeling			
20 Equipment			
<b>Total Increase or Decrease</b>		(+) \$101,807	(-) \$101,807
<b>Net Increase or Decrease</b>		\$0	
<b>Previous Budget Total</b>		\$4,036,874	
<b>Proposed Amended Total</b>		\$4,036,874	