

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)

Received  
MAR 10 2022

= Required Field Office of Accountability

Agency Name:	Connetquot CSD of Islip	Suffolk
Mailing Address:	780 Ocean Avenue	County
	Bohemia, NY 11716	

Agency Code:	<input type="text" value="580507060000"/>	Amendment #:	<input type="text" value="002"/>
Project Number:	<input type="text" value="5895-21-3140"/>		
Contract #:	<input type="text"/>		
Contact Person:	<input type="text" value="Christina Poppe"/>	Tel:	<input type="text" value="631-244-2215 ext 3758"/>
E-mail Address:	<input type="text" value="Cpoppe@ccsdli.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: 3/8/2022 Signature: Synda Gladman

Program Approval:	<u>Alexandra P. ...</u>	Date:	<u>4-15-22</u>
Finance:	<input type="text" value="4/21/22"/> <input checked="" type="checkbox"/>	<input type="text" value="4/21/22"/> <input checked="" type="checkbox"/>	
	Logged	Approved	

RECEIVED

RECEIVED  
APR 21 2022  
GRANTS FINANCE

MAY 18 2022  
3/8/2022 11:06 AM

Assistant Superintendent's Office  
for Curriculum and Instruction

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 - Professional Salaries			
15 - Support Staff Salaries			
40 - Purchased Services			
45 - Supplies & Materials			
46 - Travel Expenses			
60 - Employee Benefits			
90 - Indirect Cost			\$532
48 - Boss Services	ID Manager - add Bretford Charging Carts - remove \$17,876	\$18,408	\$17,876
30 - Minor Remodeling			
20 - Equipment			
	Total Increase or Decrease:	(+) \$ 18,408	(-) \$ 18,408
	Net Increase or Decrease:	\$	0
ENTER BUDGET >	Previous Budget Total:	\$	35,568
	Proposed Amended Total:	\$	35,568