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

OCT 06 2021

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

OFFICE OF ACCOUNTABILITY = Required Field

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="001"/>
Project Number:	<input type="text" value="5891-21-3140"/>		
Contract #:	<input type="text"/>		
Contact Person:	<input type="text" value="Dean Mittleman"/>	Tel:	<input type="text" value="631-244-2215 ext 3758"/>
E-mail Address:	<input type="text" value="Dmittleman@ccsdlf.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: 9/30/21 Signature: *Synda Isidams*

Program Approval: *Melanie Kelly* Date: 10/17/21
 Finance: 10/18/21^{cc} *[Signature]* 10/20/21
 Logged Approved

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OCT 27 2021

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-16 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
70 - Professional Services			
10 - Support Staff Salaries			
40 - Purchased Services			
65 - Supplies & Materials			
80 - Travel Expenses			
80 - Employee Benefits			
90 - Indirect Cost	Indirect cost incorrectly calculated		\$44,573
40 - Special Services	Contracts with Putnam BOCES for RULER Trainings	\$44,573	
30 - Major Remodeling			
20 - Equipment			
Total Increase or Decrease:		(+) \$ 44,573	(-) \$ 44,573
Net Increase or Decrease:		\$ 0	
Previous Budget Total:		\$ 4,431,085	
Proposed Amended Total:		\$ 4,431,085	

ENTER BUDGET >

DJL 10/4/21
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