

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)

= 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="005"/>
Project Number:	<input type="text" value="5891-21-3140"/>		
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: 7/26/23

Signature: 

Program Approval:		Date:	
Finance:	<input type="text"/>		
	Logged	Approved	

<b>SUBTOTAL</b>	<b>EXPLANATION</b> (Provide same detail as required in FS-10 Budget)	<b>SUBTOTAL INCREASE</b>	<b>SUBTOTAL DECREASE</b>
15 - Professional Salaries	Move leftover salaries to cover benefits		\$14,173
16 - Support Staff Salaries			
40 - Purchased Services			
45 - Supplies & Materials			
46 - Travel Expenses			
80 - Employee Benefits	Transfer money to cover benefits which were underestimated	\$15,311	
90 - Indirect Cost			
49 - Boces Services	Move unspent funds to cover benefits		\$1,138
30 - Minor Remodeling			
20 - Equipment			
Total Increase or Decrease:		(+) \$ 15,311	(-) \$ 15,311
Net Increase or Decrease:		\$ 0	
ENTER BUDGET >	Previous Budget Total:	\$ 4,431,085	
	Proposed Amended Total:	\$ 4,431,085	