

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

Office of Accountability  
JUN 3 2023  
Receiver

Agency Name: Liberty Central School District Sullivan  
Mailing Address: 115 Buckley Street County  
Liberty, NY 12754

Agency Code:  Amendment #:   
Project Number:   
Contract #:   
Contact Person:  Tel:   
E-mail Address:

RECEIVED  
AUG 04 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.
- 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: 6/27/2023 Signature: [Signature]

**FOR DEPARTMENT USE ONLY**

Program Approval: [Signature] Date: 7-27-23  
Finance:

Logged

Approved

| SUBTOTAL                    | EXPLANATION<br>(Provide same detail as required in FS-10 Budget)                                                                                                                                                                               | SUBTOTAL INCREASE | SUBTOTAL DECREASE |     |           |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|-----|-----------|
| 15 - Professional Salaries  | Decrease Teacher hours Coaching and Mentorship Program (-\$18,000). District will use SAANYS (School Administrators Association of NY) services for administrator mentorship program so there is no need for teacher hours.                    |                   | \$18,000          |     |           |
| 16 - Support Staff Salaries |                                                                                                                                                                                                                                                |                   |                   |     |           |
| 40 - Purchased Services     | Add SAANYS services for mentorship program (+\$18,000). Instead of using district teachers hours for mentorship program, district will utilize SANNYS (School Administrators Association of NY) services for administrator mentorship program. | \$18,000          |                   |     |           |
| 45 - Supplies & Materials   |                                                                                                                                                                                                                                                |                   |                   |     |           |
| 46 - Travel Expenses        |                                                                                                                                                                                                                                                |                   |                   |     |           |
| 80 - Employee Benefits      |                                                                                                                                                                                                                                                |                   |                   |     |           |
| 90 - Indirect Cost          |                                                                                                                                                                                                                                                |                   |                   |     |           |
| 49 - Boces Services         |                                                                                                                                                                                                                                                |                   |                   |     |           |
| 30 - Minor Remodeling       |                                                                                                                                                                                                                                                |                   |                   |     |           |
| 20 - Equipment              |                                                                                                                                                                                                                                                |                   |                   |     |           |
| Total Increase or Decrease: |                                                                                                                                                                                                                                                | (+)               | \$ 18,000         | (-) | \$ 18,000 |

ENTER BUDGET >

|                           |    |               |
|---------------------------|----|---------------|
| Net Increase or Decrease: | \$ | 0             |
| Previous Budget Total:    | \$ | 18,426        |
| Proposed Amended Total:   | \$ | <b>18,426</b> |