

SEP 23 2023

Received
AUG 03 2023
Office of Accountability

= Required Field

Agency Name:	Rye Neck UFSD	Westchester
Mailing Address:	310 Hornidge Road	County
	Mamaroneck, NY 10543	

Agency Code:	<input type="text" value="661901030000"/>	Amendment #:	<input type="text" value="002"/>
Project Number:	<input type="text" value="5880-21-3790"/>		
Contract #:	<input type="text"/>		
Contact Person:	<input type="text" value="Maria Gigi"/>	Tel:	<input type="text" value="914-777-5212"/>
E-mail Address:	<input type="text" value="mgigi@ryeneck.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: 7/28/23 Signature: *Eric J. [Signature]*

FOR DEPARTMENT USE ONLY

Program Approval: *SS Falia* Date: *8/9/23*

Finance:

Logged Approved

RECEIVED

AUG 18 2023

GRANTS FINANCE

amendment submitted to align + reflect current expenditures - SF

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 - Professional Salaries	+ Increased intramural sports program hours \$2,322 (\$51.63 per hour x 45 hours) - Decreased summer program teacher hours \$7,324 (\$52.12 per hour x 140.5 hours) - Decreased 22-23 grant coordinator hours \$739 (approx 14 hours x \$52.12)	\$2,322	\$8,063
16 - Support Staff Salaries	+ Increased summer program support staff hours \$2,792 (\$52.12 per hour x 53.5 hours) + Replacement of Kindergarten Monitor B.M. \$7,553 (\$23.64 x 319.5 hours) - Decreased hours due to resignation of Kindergarten Monitor M.V. \$9,712 (\$15.83 x 613.5 hours) - Decreased hours for Kindergarten Monitor B.N. \$2,574 (\$16.54 x 155.6 hours)	\$10,345	\$12,286
40 - Purchased Services	+ Increase for mental health presentation: Tony Hoffman (approx 50% of \$6,200 fee) \$3,087 + Increase in architect fee associated with outdoor learning space \$35 + Reallocation of outdoor learning space development (site work & landscaping services) to supplies \$29,754	\$3,122	\$29,754
45 - Supplies & Materials	+ Benches for outdoor learning space 19 @ \$1977.75/unit + Freight (Landscape Forms)	\$42,482	
46 - Travel Expenses			
80 - Employee Benefits	+ Net increase in Social Security relating to FEB Elementary Teacher/Elementary Guidance Counselor \$537 + Net increase in Medicare relating to FEB Elementary Teacher/Elementary Guidance Counselor \$125 - Decrease in Health Insurance relating to AIS Teacher waiver of coverage \$8,830	\$662	\$8,830
90 - Indirect Cost			
49 - Boces Services			
30 - Minor Remodeling			
20 - Equipment			
Total Increase or Decrease:		(+) \$ 58,933	(-) \$ 58,933
Net Increase or Decrease:		\$ 0	
Previous Budget Total:		\$ 474,817	
Proposed Amended Total:		\$ 474,817	

ENTER BUDGET >