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)

Agency Name: Schoharie Central School District Schoharie Mailing Address: 136 Academy Drive, PO Box 430 Schoharie , NY 12157 Agency Code: 541201040000 Amendment #: 002 Project Number: 5880-21-2790 Contract #: 1518-295-6657 E-mail Address: mwright@schoharieschools.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 FSederal (or State) award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact may subject me to ceriminal, civil, or administrative penalties for faud, false statements, false claims, or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812). Program Approval: Date: FOR DEPARTMENT USE ONLY		d.		= Required Fie	Id
Agency Code: 541201040000	Agency Name:	Schoharie Central Scho	ool District	Schol	narie
Agency Code: 541201040000 Project Number: 5880-21-2790 Contract #:	Mailing Address:	136 Academy Drive, Po	O Box 430	Cou	nty
Contract #: Contact Person: Matthew Lewis Wright Tel: 518-295-6657 E-mail Address: mwright@schoharieschools.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 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 #: 002 Contract #: Chief 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, fictious, or fraudulent information, or the omission of any material fact may subject me to criminal, civil, or administrative penaltiesfor fraud, false statements, false claims, or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812). Date: 4 18 2 2 Signature: Date: 5 18-295-6657 Tel: 518-295-6657 E-mail Address: FOR DEPARTMENT USE ONLY		Schoharie , NY 12	2157		
Contract #: Contact Person:	Agency Code:	541201040000		Amendment #:	002
E-mail Address: mwright@schoharieschools.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 penaltiesfor fraud, false statements, false claims, or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812). Date:	Project Number:	5880-21-2790		Amendment #.	002
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. 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 penallies 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: FOR DEPARTMENT USE ONLY Program Approval: Date: Date: Date:	Contract #:				
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 penaltiesfor fraud, false statements, false claims, or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812). Date: 4 18-27 Signature: Date: Program Approval: Date:	Contact Person:	Matthew Lewis Wrig	ht	Tel: 518	3-295-6657
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 penaltiesfor fraud, false statements, false claims, or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812). Date: FOR DEPARTMENT USE ONLY Program Approval: Date: Date:	E-mail Address:	mwright@schohariesc	hools.org		
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 penaltiesfor fraud, false statements, false claims, or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812). Date:	 Personnel positions Equipment items has Minor remodeling Any increase in a base \$1,000, whichever is Any increase in the Amendment # at top of If extra room is needed 	s, number and type aving a unit value of \$5,000 or modes aving a	ore, number and ty ries, purchased se vs using the row br	representation of the left.	more than 10 percent or
FOR DEPARTMENT USE ONLY Program Approval: Date:	expenditures, disburseme Federal (or State) award. may subject me to crimin	ertify to the best of my knowledge ents, & cash receipts are for the p I am aware that any false,fictition al, civil, or administrative penaltie	e and belief that the ourposes& objectivus, or fraudulent in osfor fraud, false st	e report is true, comple res set forth in the term formation, or the omis ratements, false claims	ns & conditions of the sion of any material fact
Program Approval: Date:	Date:	4.18-22	Signature:	all v	3
	FOR DEPARTMENT USE ONLY				
	Program Approval:			Date:	
	Finance:				

Logged

Approved

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 - Professional Salaries	Reduce number of floating substitutes for the 22-23 school year from 2 FTE to 1 FTE. Change afterschool tutoring hour use to accommodate curriculum planning and development for the 15:1 academic intervention programming in ELA and math at the middle school and high school level. Same total (no financial change) but a shift from 150 tutoring hours to 75 tutoring hours and 75 hours academic intervention planning hours (ELA and Math).		\$45,000
16 - Support Staff Salaries			

2 of 5

cost increases through supplies and materials code. Remove Digital Accellerated reading licenses (covered through general funds) to support the increases across supplies and materials code. Removed BloomyPro school subscription due to changes in COVID protocols and the ability to shift away from virtual floral design for students (1365.00) Adjust shipping costs for LabAides Lab support kits increase from 3032.00 to 3232.00. Add CDW Autopilot Services to support faster Teacher device rollout (8.00 x 121 licenses= 968.00). Addition of shipping for the Ag Science tables and benches to support the Ag Science program (1900.00). Labor and materials costs associated with the installation of a primary grade level playground to be used as a tool to support learning loss in the area of social emotional skill development among PreK-grade 2 students. The facility can be used to intentionally design social interactions for our youngest students, many of which come from disadvantaged situations and have significant gaps in social development that have been exacerbated by the pandemic. The playground will be manufactured off site in segments to the school for assembly by the local vendor of the product. Cost increases will allow for the inclusion of sensory tools and supports along with visuals as a part of the overall playground design. This will help to maximize accessibility for all learners and help with the social development of a community of inclusion and acceptance (25,000).
--

3 of 5 4/19/2022 12:28 PM

45 - Supplies & Materials	Adjustments to support cost changes across the CDW technology quote: Laptops (11,000), Docking Stations (4000), Desktops for Tech Students (3000), Stands (500), Monitors (2000). Adjustment to the cost of the 6x6 welding booths for students (2,000), increase to Haun TiG Ready Pak (1000), Increase in overall cost of 6-8 Labaides Kits for Science (4000), GoLink Hands on Science Sensors increase (3000), Adjust Maple Syrup supply quote for cost increases (3400), Add Towergarden System for indoor vegetable and plant production (2000), Add Pangman Outdoor Power Equipment for supplies and materials to maintain High tunnel greenhouse on campus (2400), Add Reality Works Quote for Ag Science and Lab science supplies and materials for 6-12 students (7000). Remove Powermatic Lathe to support supply costs (2500). Adjust cost decrease for Differentiated class libraries (12,000), Remove Supergrow system quote (replaced by towergarden) due to unavailability of the product (7700)		\$22,200
46 - Travel Expenses			
80 - Employee Benefits	Increase in funds allocated to offset benefit costs (social security) associated with salaries for professional staff in the grant	\$3,252	
90 - Indirect Cost			
49 - Boces Services			
30 - Minor Remodeling			
20 - Equipment			
	Total Increase or Decrease: (+) \$	73,552	(-) \$ 73,552

ENTER BUDGET >

Net Increase or Decrease:	\$ 0
Previous Budget Total:	\$ 1,582,626
Proposed Amended Total:	\$ 1,582,626