

Agency Name and Address

_____ County

Agency Code:

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Amendment #

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Project #:

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Tracking/Contract #:

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Contact Person: _____ **Tel. #:** () _____

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 the Grants Finance Unit.**
- ❖ Enter whole dollar amounts only.
- ❖ 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 \$1,000 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.
- ❖ Do not use the FS-10-A for requesting a project extension.

CHIEF ADMINISTRATOR'S CERTIFICATION

I hereby certify that the requested budget changes are necessary for the implementation of this project.

DATE: _____ SIGNATURE: _____
Chief Administrative Officer

FOR DEPARTMENT USE ONLY

Program Approval: _____ Date: _____

Finance:

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Log

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Approved

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15	Professional Salaries		
16	Support Staff Salaries		
40	Purchased Services		
45	Supplies & Materials		
46	Travel Expenses		
80	Employee Benefits		
90	Indirect Cost		
49	BOCES Services		
30	Minor Remodeling		
20	Equipment		
Total Increase or Decrease		(+)	(-)
Net Increase or Decrease		\$	
Previous Budget Total		\$	
Proposed Amended Total		\$	