

The University of the State of New York  
**THE STATE EDUCATION DEPARTMENT**  
*(see instructions for mailing address)*

**PROPOSED AMENDMENT FOR  
 A FEDERAL OR STATE PROJECT  
 FS-10-A (03/15)**

*Mailed  
 6/13/2023*

**Agency Name and Address**

Phoenix CSD
116 Volney Street
Phoenix, New York 13135

Oswego \_\_\_\_\_  
 County

**Agency Code:**

4	6	2	0	0	1
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0	6
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0	0	0	0
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**Amendment #**

1
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**Project #:**

5	8	9	1
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2	1
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x	x	x	x
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**Contract #:**

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**Contact Person:** Karl J. Seckner **Tel. #:** 315-695-1512

**E-Mail Address:** KSeckner@Phoenixcsd.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.
- ❖ 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 \$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.
- ❖ 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, and accurate, and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and 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: 6/13/2023 SIGNATURE:   
 Chief Administrative Officer

**FOR DEPARTMENT USE ONLY**

Program Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Finance: 

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 Log Approved

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 Professional Salaries			
16 Support Staff Salaries	Change 1.0 Food Service Clerical @\$38,090 to 25 summer bus drivers @\$1,203.60	0	0
40 Purchased Services			
45 Supplies & Materials			
46 Travel Expenses			
80 Employee Benefits			
90 Indirect Cost			
49 BOCES Services			
30 Minor Remodeling			
20 Equipment			
<b>Total Increase or Decrease</b>		(+) \$	(-) \$
<b>Net Increase or Decrease</b>		0 \$	
<b>Previous Budget Total</b>		1,687,117 \$	
<b>Proposed Amended Total</b>		\$	

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