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Office of Accountability

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

|                  |                             |        |
|------------------|-----------------------------|--------|
| Agency Name:     | Oswego City School District | Oswego |
| Mailing Address: | 1 Buccaneer Boulevard       | County |
|                  | Oswego, NY 13126            |        |

|                 |                     |              |              |
|-----------------|---------------------|--------------|--------------|
| Agency Code:    | 461300010000        | Amendment #: | 003          |
| Project Number: | 5880-21-2355        |              |              |
| Contract #:     |                     |              |              |
| Contact Person: | Karen Humphrey      | Tel:         | 315-341-2012 |
| E-mail Address: | khumphre@oswego.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: 10/31/22 Signature: [Handwritten Signature]

**FOR DEPARTMENT USE ONLY**

Program Approval: Kathleen Pratt Date: 11/16/2022  
Finance: 11/23/22<sup>CL</sup> Logged Approved 11/23/22

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| SUBTOTAL                    | EXPLANATION<br>(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   | Partial payment towards the purchase of CKLA 2nd Edition Complete Classroom Kits, Student and Teacher Licenses and Single Student Kits for grades K-2 for two of the five elementary schools. Classroom Kit Bundle - \$2,999 each; Single Student Kit - \$2,399 each; Interactive Classroom Teacher License - \$30 each; Interactive Student License - \$12 each. For 3 Kindergarten classrooms at ONE school - \$12,056 | \$20,000          |                   |
| 46 - Travel Expenses        | Move funds from the Travel Expenses account to Supplies to purchase CKLA 2nd Edition Complete Classroom Kits, Student and Teacher Licenses and Single Student Kits for all the Elementary schools for the 2022-23 school year.   |                   | \$20,000          |
| 80 - Employee Benefits      |  |                   |                   |
| 90 - Indirect Cost          |  |                   |                   |
| 49 - Boces Services         |  |                   |                   |
| 30 - Minor Remodeling       |  |                   |                   |
| 20 - Equipment              |  |                   |                   |
| Total Increase or Decrease: |  | (+)               | 20,000            |
| Net Increase or Decrease:   |  | (-)               | 20,000            |
| Net Increase or Decrease:   |  | \$                | 0                 |
| Previous Budget Total:      |  | \$                | 8,965,880         |
| Proposed Amended Total:     |  | \$                | <b>8,965,880</b>  |

ENTER BUDGET >