

= Required Field

Agency Name:	Hudson City School District	Columbia
Mailing Address:	215 Harry Howard Ave	County
	Hudson, NY 12534	

Agency Code:	<input type="text" value="101300010000"/>	Amendment #:	<input type="text" value="001"/>
Project Number:	<input type="text" value="5880-21-0540"/>		
Contract #:	<input type="text"/>		
Contact Person:	<input type="text" value="Jesse Boehme"/>	Tel:	<input type="text" value="518-828-4360"/>
E-mail Address:	<input type="text" value="Boehmej@hudsoncsd.org"/>		

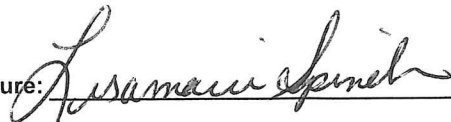
INSTRUCTIONS

- 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: 7-25-22

Signature: 

FOR DEPARTMENT USE ONLY

Program Approval: _____

Date: _____

Finance:
Logged

Approved

SUBTOTAL	EXPLANATION <small>detail as required in FS-10 Budget)</small>	(Provide same	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 - Professional Salaries	After School Program Summer Program (We recently lost our 21st-century grant, and now we're looking to fund our After school Summer program with American rescue money.)- Two Teachers 3.5 Hours for 8 days at \$42 per hour. This instructional staff instruct group of children in a given area/topic		\$2,400	
16 - Support Staff Salaries	After School Program Summer Program- two instructors 5 hours per day once a week for 6 weeks at \$25.00 per hour(\$1,500). 6 Additional staff members working 5 hours a day for 6 weeks at 17.00 per hours(\$15,500). These Staff members will be a good role model, supervision the participants, set up and break down ofe quipment used daily, serve and clean up breakfast and lunch delivery to participants and engage in daily activities with participants		\$17,000	
40 - Purchased Services				
45 - Supplies & Materials	COVID supplies (Didn't need as much supplies as orginally thought)			\$19,400
46 - Travel Expenses				
80 - Employee Benefits				
90 - Indirect Cost				
49 - Boces Services				
30 - Minor Remodeling				
20 - Equipment				
	Total Increase or Decrease:	(+) \$	19,400	(-) \$ 19,400
	Net Increase or Decrease:	\$		0
ENTER BUDGET >	Previous Budget Total:	\$		4,095,432
	Proposed Amended Total:	\$		4,095,432