

= 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="002"/>
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"/>		

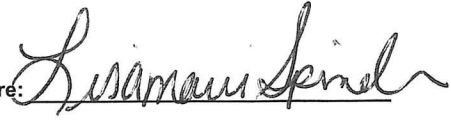
**INSTRUCTIONS**

- 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: 8/3/22

Signature: 

**FOR DEPARTMENT USE ONLY**

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

Finance:	<input type="checkbox"/>	<input type="checkbox"/>
	Logged	Approved

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE		
15 - Professional Salaries	Restorative Justice Training- We would like to pay 7 teachers to get 4 days(7.5 per day) of Restorative Justice training They will be paid \$42 per hour. This training will help faculty and staff to enhance everyone's sense of belonging. They will learn to develop students confidence in their own ability to reach mutual understanding and develop creative solutions. They will learn to build confidence in the community's ability to handle conflicts constructively, mitigating the effects of unwanted behavior and negotiating restitution for serious harm.	\$8,820			
16 - Support Staff Salaries	Restorative Justice Training- We would like to pay 1 teacher's aid to get 4 days(7.5 per day) of Restorative Justice training at \$15.95	\$479			
40 - Purchased Services	OYO/TEQ- Micro badging- Will look into getting this with our general fund money		\$9,299		
45 - Supplies & Materials					
46 - Travel Expenses					
80 - Employee Benefits					
90 - Indirect Cost					
49 - Boces Services					
30 - Minor Remodeling					
20 - Equipment					
ENTER BUDGET >	Total Increase or Decrease:	(+) \$	9,299	(-) \$	9,299
	Net Increase or Decrease:	\$ 0			
	Previous Budget Total:	\$ 4,095,432			
	Proposed Amended Total:	\$ 4,095,432			