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 Nar | me: Wilson Cen | tral Sepaci | | | | | | |
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| Mailing Addre | ss37,4 Le | ke St | | County | | | | |
| | Wilson N | ¥14170 | | 3, 4, 5, 7, 7, 7, | | | | |
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| Agency Code: | | | | | ar . | | | |
| Agency Code. | 4.01501060000 | | _ | | | | | |
| Project Number: | | | Amendmen | t #: 002 | | | | |
| i Toject Nulliper. | 5891211990 | | • | | | | | |
| Contract #: | | · · | | | • | | | |
| Contract #: | | | | | | | | |
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| Contact Person: | Carolyn Oliv | veri | Tel: | 716-751-9341 | | | | |
| E mail Adduss. | | | | | | | | |
| E-mail Address: | coliveri@wils | onesd.org | | | | | | |
| MOTOLIOTIC | | | | 3 | | | | |
| INSTRUCTIO | | | | | • | | | |
| 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 Figure 2. | | | | | | | | |
| 55 NOT SUBMIT THIS TOTAL TO GLARIES FINANCE. | | | | | | | | |
| This form need only be submitted for budget changes that require prior approval as follows: | | | | | | | | |
| Personnel positions, number and type | | | | | | | | |
| | | 0 or more, number as | nd tyne | | | | | |
| Minor remodelin | 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 need | led for explanations, surement | leu, | | | | | | |
| Do not use the EQ 1/2 | led for explanations, expand t | ne rows using the rov | v breaks on the left. | | | | | |
| Do not use the FS-10-A for requesting a project extension. | | | | | | | | |
| | CHIEF ADMIN | IOTRATORIO CEN | | | | | | |
| By signing this report | CONTINUE OF ADVISOR AND A CONTINUE OF A CONTINUE OF ADVISOR AND A CONTINUE OF ADVISOR AND A CONTINUE OF A CONTINUE OF A CONTINUE OF ADVISOR AND A CONTINUE OF A CONTINUE | ISTRATOR'S CER | IIFICATION | | | | | |
| 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 penaltiesfor fraud, false statements, false claims, or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812). | | | | | | | | |
| 1 - 10, 00 | Sect | 10118 3729-3730 and | 3812). | | 1 | | | |
| P - 4 - | 1/1/12 | / | _ | | | | | |
| Date | " <u>-3 / 63 / 63 _</u> | Signature | 12/10/0 | | ĺ | | | |
| | / | | | | _ | | | |
| FOR DEPARTMENT USE ONLY | | | | | | | | |
| Drogges A. | 1_ | | | 6 | ł | | | |
| Program Approval | | | Date | e: <u>- </u> | | | | |
| | | | | | _ | | | |
| Finance | | | | | | | | |
| | | <u> </u> | - | | | | | |

| SUBTOTAL, | EXPLANATION (Provide same details as required in FS-10 Budget) | | SUBTOTAL INCREASE | SUBTOTAL PDECREASE |
|----------------------------|--|-------|----------------------|-----------------------|
| 15 Projessional Galaries | | | | |
| 19. Support State Salames | | | | |
| 40 Purchased Services | Proessional Development-Keynote ac and training in small groups with tead and addressing parents in the ever | chers | \$7,000 | |
| 45.2 Supplies & Materials | | | | |
| A6 - Traygl Expanses | | į | | |
| 80. Employee Benefits | Decrease amount allocated to TRS ex | pense | | \$7,000 |
| munt in 49 (Botes Services | | | | |
| 30. MironRemodeling | | | | . , |
| 20 Æquipment | | | | |
| | Total Increase or Decrease: | (+)\$ | 7,000 | (-) \$ 7,000 |
| | Net Increase or Decrease: | \$ | | |
| ENTER BUDGET > | Previous Budget Total: | \$ | | 919,445 |

Proposed Amended Total:

\$

919,445