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: Gilbertsville-Mount Upton CSD Mailing Address: 693 State Highway 51 | | Otsego County | | | |
| | Gilbertsville, New York 13776 | | | | |
| Agency Code: | 470202040000 | Amendment #: 002 | | | |
| Project Number: | 5883-21-2375 | 7.111011.4111011101111 | | | |
| Contract #: | | | | | |
| Contact Person: | Dorothy lannello | Tel: 607-783-2207, ext 144 | | | |
| E-mail Address: | diannello@gmucsd.org | | | | |
| Equipment items I Minor remodeling Any increase in a or \$1,000, whicheve Any increase in th Amendment # at top of If extra room is needed | | sed services, travel, etc.) by more than 10 percent row breaks on the left. | | | |
| expenditures, disbursen Federal (or State) award fact may subject me to d | ments, & cash receipts are for the purposes& of l. I am aware that any false, fictitious, or fraudictiminal, civil, or administrative penalties for fraction 1001 and Title 31, Sections 3729-3730 a | DA | | | |
| | FOR DEPARTMENT US | SE ONLY | | | |
| Program Approval: | SoFalia | Date: 62923 | | | |
| Finance | 7/5/23 ^{CL} D7/5/23 Logged Approved | | | | |

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| SUBTOTAL | EXPLANATION (Provide same detail as required in FS-10 Budget) | | SUBTOTAL INCREASE | SUBTOTAL DECREASE | |
|-----------------------------|---|----------|----------------------|----------------------|---------|
| 15 - Professional Salaries | Increase for Instructional Salaries for School Program for struggling students 55 x \$27.10 | \$15,000 | | | |
| 16 - Support Staff Salaries | Reallocate to Instructional Salaries After School Program for struggling s | | | \$15,000 | |
| 40 - Purchased Services | | | | | |
| 45 - Supplies & Materials | | | | | |
| 46 - Travel Expenses | | | | | |
| 80 - Employee Benefits | | | | | |
| 90 - Indirect Cost | | | | | |
| 49 - Boces Services | | | | | |
| 30 - Minor Remodeling | | | | | |
| 20 - Equipment | | | | | |
| | Total Increase or Decrease: | (+) \$ | 15,000 | (-) \$ | 15,000 |
| | Net Increase or Decrease: | \$ | | | 0 |
| ENTER BUDGET > | Previous Budget Total: | \$ | 100,002 | | |
| | Proposed Amended Total: | \$ | | | 100,002 |

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