

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)**

original

= Required Field

Agency Name:	Sackets Harbor Central School	Jefferson
Mailing Address:	215 S. Broad St., PO Box 290	County
	Sackets Harbor, NY 13685	

Agency Code:

Amendment #:

Project Number:

Contract #:

Contact Person:

Tel:

E-mail Address:

RECEIVED
 JAN 24 2024
 GRANTS FINANCE

INSTRUCTIONS

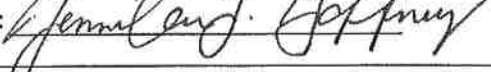
- Submit the original and two copies directly to the same State Education Department office where budget was mailed. DO NOT submit this form to Grants Finance.
- This form need only be submitted for budget changes that require prior approval as follows:
 - Personnel positions, number and type
 - Equipment 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.

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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: 12/29/2023

Signature: 

FOR DEPARTMENT USE ONLY

Program Approval:  Date: 1/18/24

Finance:
 Logged


 Approved