## 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)

	= Re	quired	Field
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		FOUND OF TOTAL STATE OF THE STA				
Agency Name:	Levittown Public Schools	Nassau				
Mailing Address:	LMEC- 150 Abbey Lane	County				
	Levittown, NY 11756					
Agency Code:	280205030000	Amendment #: 001				
Project Number:	5218-21-1470	Americanient #.				
Contract #:						
Contact Person:	Dr. Patricia Kolodnicki	Tel: 516-434-7060				
E-mail Address:	pkolodnicki@levittownschools.com					
NOT submit this form to 0  This form need only be Personnel positions Equipment items ha Minor remodeling Any increase in a b \$1,000, whichever is Any increase in the Amendment # at top of	two copies directly to the same State Education Grants Finance.  submitted for budget changes that require prices, number and type aving a unit value of \$5,000 or more, number and udget subtotal (professional salaries, purchas greater total budget amount. this page must be completed. for explanations, expand the rows using the rest for requesting a project extension.	and type ed services, travel, etc.) by more than 10 percent or ow breaks on the left.				
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 penaltiesfor fraud, false statements, false claims, or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).  Date:    Date:   6/8/22						
FOR DEPARTMENT USE ONLY						
Program Approval:		Date:				
Finance:	Logged Approved					

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SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	i	SUBTOTAL INCREASE	ESTATE OF A PERSON NAMED AND ADDRESS.	BTOTAL CREASE
15 - Professional Salaries	Line Item 1 decreased from \$2,144 to \$1,072 Line Item 3 decreased from \$1000 to \$800 Total Decrease \$1,072 + \$200 = \$1,272				\$1,272
16 - Support Staff Salaries					
40 - Purchased Services					
<b>45</b> - Supplies & Materials	Decrease in Line Item 1: \$1,350 to \$899 Decrease in Line Item 4: \$119 to \$0 Money moved to fund store cards listed below. Store cards for district staff to purchase supplies for the district's food pantry. Items include hygiene items (feminine products, toothpaste, shampoo) and perishable food items. (line total = \$1,842)		\$1,272		
46 - Travel Expenses					
80 - Employee Benefits				1 90 39	
90 - Indirect Cost					
49 - Boces Services					
30 - Minor Remodeling					
20 - Equipment					
	Total Increase or Decrease:	(+)\$	1,272	(-)\$	1,272
	Net Increase or Decrease:	\$			0
ENTER BUDGET >	Previous Budget Total:	\$			9,017
	Proposed Amended Total:	\$			9,017

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