

= Required Field

Agency Name:	Levittown Public Schools	Nassau
Mailing Address:	LMEC- 150 Abbey Lane	County
	Levittown, NY 11756	

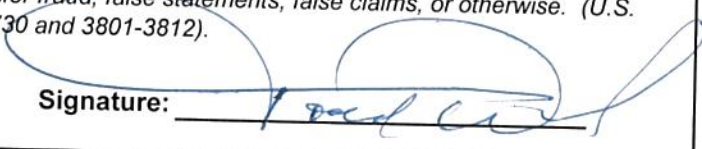
Agency Code:	<input type="text" value="280205030000"/>	Amendment #:	<input type="text" value="003"/>
Project Number:	<input type="text" value="5884-21-1470"/>		
Contract #:	<input type="text"/>		
Contact Person:	<input type="text" value="Dr. Patricia Kolodnicki"/>	Tel:	<input type="text" value="516-434-7060"/>
E-mail Address:	<input type="text" value="pkolodnicki@levittownschoools.com"/>		

### 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: 9/13/23 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	Reduction of Additional Secondary Level Counselor, based on 23-24 salary -\$11,614 Reduction of Part-time teachers for Small Group instruction, based on stakeholder feedback -\$57,343 Reduction of Quarantined synchronous instruction teachers, based on feedback - \$6,456 Additional year 1.0 FTE Psychologist increase \$63,157 Reduction of 0.6 Psychologist based on 22-23 salary -\$12,110 <b>Total: -\$11,614 + -\$57,343 + -\$6,456 + \$63,157 + -\$12,110 = -\$24,366</b>		\$24,366
16 - Support Staff Salaries			
40 - Purchased Services	Increase in Challenge Day program, based on travel expenses of program trainers \$2,350 Decrease in Orton-Gillignham, specialized reading program professional learning -\$11,350 <b>Total \$2350 + -\$11,350 = -\$9000</b>		\$9,000
45 - Supplies & Materials	Decrease of Responsive Classroom books -\$10 <b>Total = -\$10</b>		\$10
46 - Travel Expenses			
80 - Employee Benefits	Decrease of Benefits of 1.0 School Counselor based on salary -\$9,591 Increase in Benefits for Math AIS teachers \$18,129 Benefits for 1.0 Psychologist \$24,838 <b>Total: -\$9,591 + 18,129 + 24,838 = \$33,376</b>	\$33,376	
90 - Indirect Cost			
49 - Boces Services			
30 - Minor Remodeling			
20 - Equipment			
Total Increase or Decrease:		(+) \$ 33,376	(-) \$ 33,376
Net Increase or Decrease:		\$ 0	
Previous Budget Total:		\$ 2,198,863	
Proposed Amended Total:		\$ <b>2,198,863</b>	

ENTER BUDGET >