

The University of the State of New York  
**THE STATE EDUCATION DEPARTMENT**  
 (see instructions for mailing address)

**PROPOSED AMENDMENT FOR  
 A FEDERAL OR STATE PROJECT**  
 FS-10-A (03/15)  
 Received

**Agency Name and Address**

Troy City School District – ARP
475 First Street
Troy, NY 12180

Office of Accountability  
 Rensselaer  
 County

JAN 10 2023

Agency Code:

4	9	1	7	0	0	0	1	0	0	0	0
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Amendment #

2
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Project #:

5	8	8	0	2	1	2	5	3	0
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Contract #:

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Contact Person: Juli Currey

Tel. #: 518-328-5436

E-Mail Address: curreyj@troycsd.org

**RECEIVED**  
 FEB 28 2024

**INSTRUCTIONS**

GRANTS FINANCE

- ❖ 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.
- ❖ Enter whole dollar amounts only.
- ❖ 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.
- ❖ 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, and accurate, and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and 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: 1/4/22

SIGNATURE: [Signature]

Chief Administrative Officer

**FOR DEPARTMENT USE ONLY**

Program Approval: Kathleen Prant

Date: 1/25/2023

Finance:

2/29/24
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Log

5/15/24
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Approved

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 Professional Salaries	Not needed in this code at this time.		\$400,000
16 Support Staff Salaries			
40 Purchased Services			
45 Supplies & Materials	Not needed in this code at this time.		\$500,000
46 Travel Expenses			
80 Employee Benefits	Reflection of decrease in code 15		\$100,000
90 Indirect Cost			
49 BOCES Services			
30 Minor Remodeling	Replacement of unit vents -- improve airflow (School 12)	\$1,000,000	
20 Equipment			
<b>Total Increase or Decrease</b>		(+ \$1,000,000	(-) \$1,000,000
<b>Net Increase or Decrease</b>		\$0	
<b>Previous Budget Total</b>		\$15,452,169	
<b>Proposed Amended Total</b>		\$15,452,169	

*Handwritten signature and date: 2/12/13*