The University of the State of New York THE STATE EDUCATION DEPARTMENT

to the best of

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

	= Required Field						
Agency Name:	Niagara Falls City School	I District	Niagara				
Mailing Address:	630 - 66th Street	et County					
	Niagara Falls, NY 14	304					
Agency Code:	400800010000	Α.	Amendment #: 001				
Project Number:	5880-21-1965	<i>P</i>	Amendment #. 001				
Contract #:							
Contact Person:	Rebecca Holody	Tel:	716-286-4223				
E-mail Address:	Rholody@nfschools	.net					
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 hydrest subtestal (prefereignal caloring, purphased convices, travel, etc.) by more than 10 percent.							
 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 penaltiesfor fraud, false statements, false claims, or otherwise.							
(U.S. Code Title 18, Sec	ction 1001 and Title 31, Sections 3	729-37 <mark>30 and 3801-</mark> 3	3812).				
	9-3-7076		262-				
Date:	9-3-2076	Signature:					
FOR DEPARTMENT USE ONLY							
Program Approval:			Date:				
Finance:							
rinance:		nproved					

	EXPLANATION (Provide same detail as required in FS-10 Budget)		SUBTOTAL	SUBTOTAL DECREASE
SUBTOTAL			INCREASE	
15 - Professional Salaries	See Attachment # 1			\$7,247,361
16 - Support Staff Salaries	The District is increasing use of nursing services and associates to after school and extended school year programs at all grade levels paid hourly. 11 Nurses @ 200 hours ea * \$32/hour (\$70,400). 26 Associate staff @ 178 hours ea * \$19/hour (87,968) Associate staff are aides who provide support to teachers in classrooms and at after-school programs by working with students individually or in groups for instructional and/or emotional support. The main goal is to assist with the recovery from learning loss and provide emotional support by creating a positive environment through ethos of care.		\$158,368	
40 - Purchased Services	See Attachment # 2		\$8,679,709	
45 - Supplies & Materials	See Attachment #s 3a and 3b		\$4,715	
46 - Travel Expenses				
80 - Employee Benefits	Reduction in staff funded through grant. Benefits will be paid from General Fund.			\$1,595,431
90 - Indirect Cost				
49 - Boces Services				
30 - Minor Remodeling				
20 - Equipment				
	Total Increase or Decrease:	(+) \$	8,842,792	(-) \$ 8,842,792
	Net Increase or Decrease:	\$. , , , ,	0
ENTER BUDGET >	Previous Budget Total:	\$		30,138,817
	Proposed Amended Total:	\$		30,138,817

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