

ESSR

5003

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)

= Required Field

| | | |
|------------------|---------------------------------|--------|
| Agency Name: | Webster Central School District | Monroe |
| Mailing Address: | 119 South Ave | County |
| | Webster, NY 14580 | |

| | | | |
|-----------------|--|--------------|---|
| Agency Code: | <input type="text" value="261901060000"/> | Amendment #: | <input type="text" value="002"/> |
| Project Number: | <input type="text" value="5891-21-1410"/> | | |
| Contract #: | <input type="text"/> | | |
| Contact Person: | <input type="text" value="Lori Schreiber"/> | Tel: | <input type="text" value="585-216-0004"/> |
| E-mail Address: | <input type="text" value="Lori_Schreiber@websterschools.org"/> | | |

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: 6/10/2022 Signature: [Signature]

FOR DEPARTMENT USE ONLY

Program Approval: _____ Date: _____

Finance: Logged Approved

| SUBTOTAL | EXPLANATION (Provide same detail as required in FS-10 Budget) | SUBTOTAL INCREASE | SUBTOTAL DECREASE |
|-----------------------------|---|-------------------|-------------------|
| 15 - Professional Salaries | Reduce Learning Recovery - Before/After School & Summer - for 2 years by 1 staff per building in 10 of the 11 buildings originally noted @ \$34.50 per hour, 160 days, 2 hours/day for the year period | | \$220,800 |
| 16 - Support Staff Salaries | COVID impacted our students' readiness levels academically, socially, and emotionally. Since the COVID closures we have seen a decline in their academic performance, as measured by classroom assessment, teacher observation, and grades. Behavior referrals and referrals to mental health staff have increased since students returned to school full time after the COVID closures. We will use these funds to pay tutors and paraprofessionals to support our students at middle and high school, one-on-one and in small groups in after school sessions. Students will be able to access this support for reteaching and for homework help in all subject areas. In addition, the tutors and paraprofessionals will be able to assess the students' social and emotional health while working with them, and make the appropriate referrals to the mental health staff. We expect to pay approximately 200 staff approximately \$1104 each. | \$220,800 | |
| 40 - Purchased Services | | | |
| 45 - Supplies & Materials | | | |
| 46 - Travel Expenses | | | |
| 80 - Employee Benefits | | | |
| 90 - Indirect Cost | | | |

| | | | | |
|-----------------------|-----------------------------|--------|------------------|----------------|
| 49 - Boces Services | | | | |
| 30 - Minor Remodeling | | | | |
| 20 - Equipment | | | | |
| | Total Increase or Decrease: | (+) \$ | 220,800 | (-) \$ 220,800 |
| | Net Increase or Decrease: | \$ | 0 | |
| ENTER BUDGET > | Previous Budget Total: | \$ | 7,105,776 | |
| | Proposed Amended Total: | \$ | 7,105,776 | |