


= Required Field

Agency Name:	<u> KIPP Bronx II Charter School </u>	<u> Bronx </u>
Mailing Address:	<u> 2246 Jerome Avenue </u>	<u> County </u>
	<u> Bronx, NY 10453 </u>	

Agency Code:	<input type="text" value="321000861150"/>	Amendment #:	<input type="text" value="001"/>
Project Number:	<input type="text" value="5890-21-5515"/>		
Contract #:	<input type="text"/>		
Contact Person:	<input type="text" value="Giancarlo Arteaga"/>	Tel:	<input type="text" value="212 991 2610 x 6090"/>
E-mail Address:	<input type="text" value="GARteaga@kippnyc.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	
<i>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).</i>	
Date: <u> 6/1/2022 </u>	Signature: 

FOR DEPARTMENT USE ONLY	
Program Approval: _____	Date: _____
Finance: <input type="text"/> <input type="text"/>	

Logged

Approved

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 - Professional Salaries			
16 - Support Staff Salaries			
40 - Purchased Services	Increase to cover covid19 testing related expenses and filtering/managing of Chromebooks for remote learning	\$5,709	
45 - Supplies & Materials	Reduce Supplies and Material to reflect our actual expenses in this category. Transferred to Purchased Services.		\$5,709
46 - Travel Expenses			
80 - Employee Benefits			
90 - Indirect Cost			
49 - Boces Services			
30 - Minor Remodeling			
20 - Equipment			
ENTER BUDGET >	Total Increase or Decrease:	(+)\$ 5,709	(-)\$ 5,709
	Net Increase or Decrease:	\$ 0	
	Previous Budget Total:	\$ 99,360	
	Proposed Amended Total:	\$ 99,360	