

= Required Field

Agency Name:	KIPP Beyond Charter School	Manhattan
Mailing Address:	533-535 West 121st Street	County
	New York, NY 10027	

Agency Code:	<input type="text" value="310300861180"/>	Amendment #:	<input type="text" value="001"/>
Project Number:	<input type="text" value="588-021-5720"/>		
Contract #:	<input type="text"/>		
Contact Person:	<input type="text" value="Lisandro Florencio"/>	Tel:	<input type="text" value="212-991-2610"/>
E-mail Address:	<input type="text" value="LIFlorencio@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**

*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: 8/18/23

Signature: 

**FOR DEPARTMENT USE ONLY**

Program Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Finance:    
Logged

Approved

SUBTOTAL	EXPLANATION <small>same detail as required in FS-10 Budget)</small>	(Provide	SUBTOTAL INCREASE	SUBTOTAL DECREASE
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15 - Professional Salaries					
16 - Support Staff Salaries	Decrease of \$18750 reflects change in other categories			\$18,750	
40 - Purchased Services					
45 - Supplies & Materials					
46 - Travel Expenses					
80 - Employee Benefits	Increase of \$18,750 reflects the funding of the ESSER funded employees in the Support Staff category	\$18,750			
90 - Indirect Cost					
49 - Boces Services					
30 - Minor Remodeling					
20 - Equipment					
ENTER BUDGET >	Total Increase or Decrease:	(+) \$	18,750	(-) \$	18,750
	Net Increase or Decrease:	\$			0
	Previous Budget Total:	\$			117,574
	Proposed Amended Total:	\$			<b>117,574</b>