

= Required Field

Agency Name:	KIPP Bronx II Charter School	Bronx
Mailing Address:	501 Gerard Ave 4th Floor	County
	Bronx, NY 10451	

Agency Code:	<input type="text" value="321000861150"/>	Amendment #:	<input type="text" value="001"/>
Project Number:	<input type="text" value="588-021-5515"/>		
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 same detail as required in FS-10 Budget)	(Provide	SUBTOTAL INCREASE	SUBTOTAL DECREASE
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15 - Professional Salaries	Increase of \$11,868 is to fund the part of the salaries for the Manager of Middle School Career Counseling and the part of the salary of the Director of Mental Health		\$11,868	
16 - Support Staff Salaries	Increase of \$8,175 to fund part of the salaries the Health and Safety Manager and Health and Safety officers (3) to support COVID efforts and prevention		\$8,175	
40 - Purchased Services	Decrease of \$20,161.71 reflects the decreased use of Swing Subs and repurposing COVID lines in support staff			\$20,161.71
45 - Supplies & Materials				
46 - Travel Expenses	For Increase: Travel Expenses for two staff to Accounting convention		\$118.71	
80 - Employee Benefits				
90 - Indirect Cost				
49 - Boces Services				
30 - Minor Remodeling				
20 - Equipment				
ENTER BUDGET >	Total Increase or Decrease:	(+) \$	20,162	(-) \$ 20,162
	Net Increase or Decrease:	\$		0
	Previous Budget Total:	\$		2,502,158
	Proposed Amended Total:	\$		2,502,158