

= Required Field

Agency Name:	Hallmark Central School District	Riverdale
Mailing Address:	123 Gateway Hallmark NY 12345	County

Agency Code:	<input type="text" value="123456789100"/>	Amendment #:	<input type="text" value="001"/>
Project Number:	<input type="text" value="0409-25-9999"/>		
Contract #:	<input type="text"/>		
Contact Person:	<input type="text" value="Peter Frank"/>	Tel:	<input type="text" value="123-456-7890 002"/>
E-mail Address:	<input type="text" value="Peter.Frank@HallmarkCSD.org"/>		

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  x  +  
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**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**FOR DEPARTMENT USE ONLY**

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

<input type="text"/>	<input type="text"/>
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