

REQUESTED AMENDMENT TO THE IDEA BUDGET, FY 0 -0 .

ASEP Name and Address

SED # _____ **County:** _____

IDEA Flow through section: _____

Project Operation Dates _____ **Amendment #** _____ **of** _____

Contact Person: _____

Telephone # _____ **e-mail:** _____

INSTRUCTIONS

- ✓ **Submit the original directly to the Bureau of Contract Aid IDEA Unit where the original budget was mailed.** DO NOT submit this form to the Grants Finance Unit at SED in Albany.
- ✓ Enter whole dollar amounts only.
- ✓ 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.
- ✓ Do **not** use the ASEP-10-A for requesting a project extension.

CHIEF ADMINISTRATOR'S CERTIFICATION

I hereby certify that the requested budget changes are necessary for the implementation of this project.

DATE: _____ **SIGNATURE:** _____
Chief Administrative Officer

FOR DEPARTMENT USE ONLY

Program Approval: _____ Date _____

Finance:
LOG **APPROVED**

SUBTOTAL		EXPLANATION (Provide same detail as required in ASEP-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15	Professional Salaries			
16	Support Staff Salaries			
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			(+) \$	(-) \$
Net Increase or Decrease			\$	
Previous Budget Total			\$	
Proposed Amended Total			\$	