

Fiscal Year 201 IDEA Vendor Funding

ASEP 10A Form

Requested Amendment
for the use of New York City Department of Education
IDEA Vendor Funding
by New York State Approved Special Education Programs (ASEP)

INSTRUCTIONS

The following proposed amendments to an approved budget **MUST** be submitted on the NYCDOE's ASEP 10A form for approval under any of the following circumstances:

- Number of personnel positions increased or decreased
- Type of personnel position changed, *e.g.*, a change from art to music instructor
- Addition of a new project, even if approved total costs are not impacted
- Addition/deletion of equipment items having a unit value of \$5,000 or more
- Increase/decrease in any budget category subtotal by 10 percent or more of the original approved budget or \$1,000, whichever is greater

NOTE:

If an approved budget amendment is required, it must be submitted to NYCDOE for approval before the expense accrues. Failure to obtain prior approval places the ASEP at risk of having the expenditure disallowed. As such, it is strongly recommended that the ASEP's internal control processes include ongoing review of IDEA funds expenditures, assessment of needs, and protocols for filing timely ASEP 10A forms.

Amendments that will result in the purchase of additional equipment having a unit value of \$5000 or more or an increase of 10 percent or more in a particular budget category may not be approved if the submission is made later than May 1 of the grant year.

If an ASEP is a recipient of funding under Sections 611 and/or 619, and is submitting a request for an amendment to either or both sections, a separate ASEP 10A form must be prepared for each section. ASEPs must carefully compare their amendment requests to the total allocation for the year as the total allocation, including carryover, cannot be exceeded.

Requests for amendments **must** be completed using the fillable ASEP 10A form available at: <http://schools.nyc.gov/Offices/EnterpriseOperations/ChiefFinancialOfficer/DFO/PayableOperations/KeyDocuments/ideagrant.htm>

Note that some totals are automatically calculated and cannot be overridden.

The completed form must be saved using the ASEP's name and the type of grant, *i.e.*, 611 or 619, and submitted **by email** to ASEPSupplFund@schools.nyc.gov. The ASEP's name and NYSED-assigned BEDS number must appear in the subject line of the email. Upon the NYCDOE's review of the amendment request, the ASEP may be contacted to provide additional information or make revisions.

Once the NYCDOE reviewer has approved the ASEP 10A form for final and official submission, the form must be printed and signed by the ASEP's chief administrator; a PDF of the signed form is to be emailed to your assigned reviewer and a hard copy mailed to:

*NYC Department of Education
65 Court Street, Room 1001
Brooklyn, NY 11201
Attention: IDEA Unit*

To assist with the preparation of the ASEP 10A form, the final page of this document (page 5) contains a sample amendment table. For questions or support in completing the requested amendment form, please contact your assigned NYCDOE reviewer or email ASEPSupplFund@schools.nyc.gov

REQUESTED AMENDMENT TO THE IDEA BUDGET - FY 201+

Project Operation Dates: July 1, 2016 to June 30, 2017

Project Section: 611 619

BEDS Number (12 digits):	Vendor Number (9 digits):
Amendment #: _____ of _____	
ASEP Name:	
Mailing Address:	
City, State, Zip:	
Telephone Number:	
Fax Number:	
Primary Contact Name:	
Primary Contact Telephone Number:	
Primary Contact E-mail Address:	
Alternate Contact Name:	
Alternate Contact Telephone Number:	
Alternate Contact E-mail Address:	

REQUESTED AMENDMENT TO THE IDEA BUDGET - FY 201+

Amendment Table

ENTER WHOLE DOLLAR AMOUNTS ONLY

Project/ Activity #	Amendments <i>(Specific line items that are subject to the proposed amendment)</i>	Rationale for Requested Change <i>(Provide detailed information on why the proposed change is necessary and whether/how it will impact the project.)</i>	Budget Code		Amount Charged to Project		Subtotal INCREASE	Subtotal DECREASE
			Original	Amended	Original	Amended		

TOTAL Increase or Decrease	
NET Increase or Decrease	
Previous Budget Total	<i>This total should correspond to the budget total from your approved ASEP 10 form.</i>
Proposed Amended Total	<i>This total should reflect the new budget total after the proposed budget amendment.</i>

The certification must be signed by the ASEP's chief administrator.

I certify that I have reviewed the information provided in this ASEP 10A form and that the requested budget amendments are necessary to supplement the approved program(s).

Signature: _____ Date: _____

Name (typed): _____ Title (typed): _____