

= Required Field

Project #:	Contract #:
5884-21-1470	
Agency Code:	280205030000
Funding Source:	ARP SLR Learning Loss
Agency Name:	Levittown Public Schools
Mailing Address:	LMEC- 150 Abbey Lane
	Street
	Levittown NY 11756
	City State Zip Code
Contact Person:	Telephone:
Dr. Patricia Kolodnicki	516-434-7060
E-mail Address:	
	Report Period:
	05 2022 Month/Year

CHIEF ADMINISTRATOR'S CERTIFICATION

By signing this report, I certify to the best of my knowledge & 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: 5/12/22

Signature: 

1. Amount of Approved Budget (Include approved amendments)	\$ <input style="width: 80%;" type="text" value="2,198,863"/>
2. Project Payments Received to Date	\$ <input style="width: 80%;" type="text" value="87,957"/>
3. Project Cash Expenditures to Date	\$ <input style="width: 80%;" type="text" value="167,641"/>
4. Cash Expenditures Anticipated During Next Month:	\$ <input style="width: 80%;" type="text" value="208,000"/>
5. Additional Funds Requested (Entries 3 plus 4 minus 2)	\$ <input style="width: 80%;" type="text" value="287,684"/>

FOR DEPARTMENT USE ONLY

Voucher #: _____	Fiscal Year	Payment Split	Line #
	_____	\$ _____	_____
	_____	\$ _____	_____
Finance: <input style="width: 50px; height: 20px;" type="text"/>	_____	\$ _____	_____
LOG	_____	\$ _____	_____
<input style="width: 50px; height: 20px;" type="text"/>	_____	\$ _____	_____
MIR	_____	\$ _____	_____

INSTRUCTIONS

Use this form to request funds from a grant approved by the State Education Department. Before submitting a request to Grants Finance, local agency staff must have a clear understanding of the policies and procedures regarding payments for federal and State grants. The Department will consider the Chief Administrator's signature on the form to be confirmation of the agency's knowledge of and agreement to meet the requirements. The requirements that must be met in order to receive funds using form FS-25 are addressed in Grants Finance's Fiscal Guidelines for Federal and State Grants at <http://www.oms.nysed.gov/cafe/guidance/>.

Please review your agency's budget, amendment, expenditure and payment records prior to completing the FS-25.

Line 1 - Amount of Approved Budget: Enter the total amount of the approved budget plus any approved budget amendments.

Line 2 – Project Payments Received to Date: Enter the total of any payments received by the agency for this particular grant.

Line 3 – Project Cash Expenditures to Date: Enter the total amount of actual expenditures made under this grant.

Line 4 – Cash Expenditures Anticipated During the Next Month: Request only what is needed to support grant activities during the next month, minimizing the time between receipt of the funds and disbursement. Enter zero if the grant program is reimbursement only or if your agency is receiving payments on a reimbursement-only basis.

Line 5 – Additional Funds Requested: Add lines 3 and 4, then subtract 2. Enter the result in line 5. If line 5 is zero or less, do not submit a form FS-25.

Please use whole dollar amounts.

Send one copy with original signature directly to Grants Finance for each grant. For Special Legislative Projects, send one original and two copies to Grants Finance.