

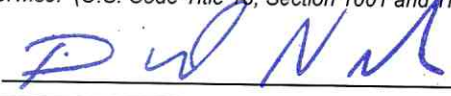
= Required Field

<b>Project #:</b> <input type="text" value="5880-21-5470"/>	<b>Contract #:</b> <input type="text"/>
<b>Agency Code:</b> <input type="text" value="321200861107"/>	
<b>Funding Source:</b>	<input type="text" value="ARP ESSER 3"/>
<b>Agency Name:</b>	<input type="text" value="URBAN ASSEMBLY CS - COMPUTER SCIENCE"/>
<b>Mailing Address:</b>	<input type="text" value="1300 Boynton Ave"/>
	<input type="text" value="Bronx"/> <input type="text" value="NY"/> <input type="text" value="10451"/>
	<input type="text" value="City"/> <input type="text" value="State"/> <input type="text" value="Zip Code"/>
<b>Contact Person:</b>	<input type="text" value="Annie Gonzalez"/> <input type="text" value="Telephone: 929-234-1211"/>
<b>E-mail Address:</b>	<input type="text" value="annie.gonzalez@compscihigh.org"/>
	<b>Report Period:</b> <input type="text" value="02"/> <input type="text" value="23"/> 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:** 2/14/2023

**Signature:** 

- |  |   |
|--|---|
| 1. Amount of Approved Budget (Include approved amendments) | \$ <input type="text" value="1,969,078"/> |
| 2. Project Payments Received to Date                       | \$ <input type="text" value="1,371,242"/> |
| 3. Project Cash Expenditures to Date                       | \$ <input type="text" value="1,478,325"/> |
| 4. Cash Expenditures Anticipated During Next Month:        | \$ <input type="text" value="53,542"/>    |
| 5. Additional Funds Requested (Entries 3 plus 4 minus 2)   | \$ <input type="text" value="160,625"/>   |

**FOR DEPARTMENT USE ONLY**

Voucher #:	Fiscal Year	Payment Split	Line #
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

**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