The University of the State of New York
**THE STATE EDUCATION DEPARTMENT**
Grants Finance, Rm. 510W EB
Albany, New York 12234

**REQUEST FOR FUNDS FOR A FEDERAL OR STATE PROJECT**
**FS-25 (03/17)**

= Required Field

**Project #:** 5880-21-4361

**Contract #:**

**Agency Code:** 321200860898

Funding Source: APR ESSER 3
Agency Name: South Bronx Classical Charter School I
Mailing Address: 977 FOX STREET
Street
Bronx — City
NY — State
10459 — Zip Code

Contact Person: Grisleyda Ramirez
Telephone: (718) 860-4340
E-mail Address: gramirez@southbronxclassical.org

**Report Period:** 12 22
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:** 1/31/2023 **Signature:** Director of Business

1. Amount of Approved Budget (Include approved amendments) $ 2,036,336
2. Project Payments Received to Date $ 203,633
3. Project Cash Expenditures to Date $ 693,180
4. Cash Expenditures Anticipated During Next Month: $ 56,774
5. Additional Funds Requested (Entries 3 plus 4 minus 2) $ 546,321

**FOR DEPARTMENT USE ONLY**

**Voucher #:**

**Finance:** LOG MIR

| Fiscal Year | Payment Split | Line # |
|---|---|---|
| | $ | |
| | $ | |
| | $ | |
| | $ | |
| | $ | |



12:54 PM 1/27/2023