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 #: 5891-21-4361

Contract #:

Agency Code: 321200860898

Funding Source: CRRSA- ESSER 2
Agency Name: South Bronx Classical Charter School 1
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: 03 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: 4/25/2023 **Signature:** [illegible] Director of Business

1. Amount of Approved Budget (Include approved amendments) $ 906,052
2. Project Payments Received to Date $ 476,066
3. Project Cash Expenditures to Date $ 582,737
4. Cash Expenditures Anticipated During Next Month: $ 52,750
5. Additional Funds Requested (Entries 3 plus 4 minus 2) $ 159,421

FOR DEPARTMENT USE ONLY

Voucher #: _____

Finance: LOG MIR

Fiscal Year	Payment Split	Line #
	$	
	$	
	$	
	$	
	$	

10:29 AM 4/25/2023