

New York  
 DEPARTMENT  
 OF EDUCATION

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

= Required Field

Project #:  Contract #:

Agency Code:

ARP - ESSER 3

Oriskany CSD

1313 Utica Street

Street

Oriskany New York 13424

City State Zip Code

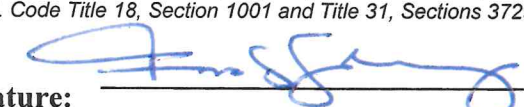
Telephone: 315-868-4995

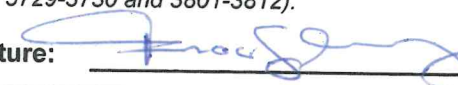
[s4edmgmt@gmail.com](mailto:s4edmgmt@gmail.com)

Report Period:    
 Month/Year

**CHIEF ADMINISTRATOR'S CERTIFICATION**

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, & accurate, & the disbursements, and cash receipts are for the purposes and 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: 7/19/23 Signature: 

Signature: 

1. Amount of Approved Budget (Include approved amendments)	\$ <input type="text" value="928,903"/>
2. Project Payments Received to Date	\$ <input type="text" value="431,571"/>
3. Project Cash Expenditures to Date	\$ <input type="text" value="591,480"/>
4. Cash Expenditures Anticipated During Next Month	\$ <input type="text"/>
5. Additional Funds Requested (Entries 3 plus 4 minus 2)	\$ <input type="text" value="159,909"/>

**FOR DEPARTMENT USE ONLY**

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"/>

8:23 AM 3/8/2023

Project #    Contract #

Agency Code:

Funding Source: ESSER 3

Agency Name: Oriskany Central School District

Mailing Address: 1313 Utica St.

Street Oriskany N.Y. 13424

City State Zip Code

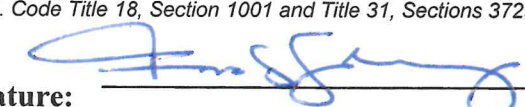
Contact Person: Patricia A. Service Telephone: 315-868-4995

E-Mail Address: Services4edmgmt@gmail.com

MONTH YEAR

**CHIEF ADMINISTRATOR'S CERTIFICATION**

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and 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: 7/19/23 Signature: 

1. Amount of Approved Budget (Include approved amendments)	\$ <input type="text" value="928,903"/>
2. Project Payments Received to Date	\$ <input type="text" value="591,480"/>
3. Project Cash Expenditures to Date	\$ <input type="text" value="750,753"/>
4. Cash Expenditures Anticipated During Next Month	\$ <input type="text" value="0"/>
5. Additional Funds Requested (Entries 3 plus 4 minus 2)	\$ <input type="text" value="159,273"/>

**FOR DEPARTMENT USE ONLY**

Voucher #	Fiscal Year	Payment Split
<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"/>

Finance: