

= Required Field

Project #:	Contract #:		
5880-21-1495			
Agency Code:	280210030000		
Funding Source:	ARP ESSER 3		
Agency Name:	BALDWIN UFSD		
Mailing Address:	960 HASTINGS STREET		
	Street		
	BALDWIN	NY	11510
	City	State	Zip Code
Contact Person:	JENNIFER WALSH	Telephone:	(516) 434-6040
E-mail Address:	WALSHJ@BALDWINSCHOOLS.ORG		
	Report Period:	06	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: 6/9/2023 **Signature:** *Therese L. Carini*

1. Amount of Approved Budget (Include approved amendments)	\$	3,446,069
2. Project Payments Received to Date	\$	447,155
3. Project Cash Expenditures to Date	\$	911,614
4. Cash Expenditures Anticipated During Next Month:	\$	394,937
5. Additional Funds Requested (Entries 3 plus 4 minus 2)	\$	859,396

FOR DEPARTMENT USE ONLY

Voucher #: _____	Fiscal Year	Payment Split	Line #
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Finance: LOG MIR

= Required Field

Project #: 5880-21-1495	Contract #: <input style="width: 100%;" type="text"/>		
Agency Code: 280210030000			
Funding Source:	ARP ESSER 3		
Agency Name:	BALDWIN UFSD		
Mailing Address:	960 HASTINGS STREET		
	Street		
	BALDWIN	NY	11510
	City	State	Zip Code
Contact Person:	JENNIFER WALSH	Telephone:	(516) 434-6040
E-mail Address:	WALSHJ@BALDWINSCHOOLS.ORG		
	Report Period:		<input style="width: 30px;" type="text" value="12"/> <input style="width: 30px;" type="text" value="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: 12/29/2022

Signature: *Shelley Lane*

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|--|--|
| 1. Amount of Approved Budget (Include approved amendments) | \$ <input style="width: 100%;" type="text" value="3,446,069"/> |
| 2. Project Payments Received to Date | \$ <input style="width: 100%;" type="text" value="344,606"/> |
| 3. Project Cash Expenditures to Date | \$ <input style="width: 100%;" type="text" value="447,155"/> |
| 4. Cash Expenditures Anticipated During Next Month: | \$ <input style="width: 100%;" type="text" value="0"/> |
| 5. Additional Funds Requested (Entries 3 plus 4 minus 2) | \$ <input style="width: 100%;" type="text" value="102,549"/> |

FOR DEPARTMENT USE ONLY

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

= Required Field

Project #: <input style="width: 100%;" type="text" value="5883-21-1495"/>	Contract #: <input style="width: 100%;" type="text"/>
Agency Code: <input style="width: 100%;" type="text" value="280210030000"/>	
Funding Source:	ARP - State Reserves 1% Afterschool Enrichment
Agency Name:	BALDWIN UFSD
Mailing Address:	960 HASTINGS STREET
	Street
	BALDWIN NY 11510
	City State Zip Code
Contact Person:	JENNIFER WALSH Telephone: (516) 434-6040
E-mail Address:	<input style="width: 100%;" type="text" value="WALSHJ@BALDWINSCHOOLS.ORG"/>
	Report Period: <input style="width: 20px;" type="text" value="12"/> <input style="width: 20px;" type="text" value="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: 12/19/2022 Signature: *Shaul Core*

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|--|--|
| 1. Amount of Approved Budget (Include approved amendments) | \$ <input style="width: 100%;" type="text" value="241,052"/> |
| 2. Project Payments Received to Date | \$ <input style="width: 100%;" type="text" value="48,210"/> |
| 3. Project Cash Expenditures to Date | \$ <input style="width: 100%;" type="text" value="109,557"/> |
| 4. Cash Expenditures Anticipated During Next Month: | \$ <input style="width: 100%;" type="text" value="0"/> |
| 5. Additional Funds Requested (Entries 3 plus 4 minus 2) | \$ <input style="width: 100%;" type="text" value="61,347"/> |

FOR DEPARTMENT USE ONLY

Voucher #:	<input style="width: 100%;" type="text"/>	Fiscal Year	Payment Split	Line #
Finance:	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	\$ _____	_____
	LOG	MIR	\$ _____	_____
			\$ _____	_____
			\$ _____	_____
			\$ _____	_____

= Required Field

Project #: <div style="border: 1px solid black; padding: 2px; text-align: center;">5884-21-1495</div>	Contract #: <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>
Agency Code: <div style="border: 1px solid black; padding: 2px; text-align: center;">280210030000</div>	
Funding Source:	ARP - State Reserves 5% Learning Loss
Agency Name:	BALDWIN UFSD
Mailing Address:	960 HASTINGS STREET
	Street
	BALDWIN NY 11510
	City State Zip Code
Contact Person:	JENNIFER WALSH Telephone: (516) 434-6040
E-mail Address:	WALSHJ@BALDWINSCHOOLS.ORG
	Report Period: <div style="border: 1px solid black; padding: 2px; display: inline-block;">12 / 22</div> 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: 12/19/2022

Signature: Shaw Cone

1. Amount of Approved Budget (Include approved amendments)	\$ <div style="border: 1px solid black; padding: 2px; display: inline-block;">1,205,226</div>
2. Project Payments Received to Date	\$ <div style="border: 1px solid black; padding: 2px; display: inline-block;">241,045</div>
3. Project Cash Expenditures to Date	\$ <div style="border: 1px solid black; padding: 2px; display: inline-block;">792,851</div>
4. Cash Expenditures Anticipated During Next Month:	\$ <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div>
5. Additional Funds Requested (Entries 3 plus 4 minus 2)	\$ <div style="border: 1px solid black; padding: 2px; display: inline-block;">551,806</div>

FOR DEPARTMENT USE ONLY

Voucher #: _____	Fiscal Year	Payment Split	Line #
	_____	\$ _____	_____
	_____	\$ _____	_____
Finance: <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 20px;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	_____	\$ _____	_____
LOG MIR	_____	\$ _____	_____
	_____	\$ _____	_____