

= Required Field

Project #:	Contract #:
5880-21-0780	
Agency Code:	141201060000
Funding Source:	ARP ESSER 3
Agency Name:	EDEN CSD
Mailing Address:	8289 N MAIN ST
	Street
	EDEN NY 14057
	City State Zip Code
Contact Person:	Telephone:
NATALIA GAGE	716-992-3613 EXT #3
E-mail Address:	
NGAGE@EDENCSD.ORG	
	Report Period:
	03 24 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: 3-25-24

Signature: Rama J. Feldman

1. Amount of Approved Budget (Include approved amendments)	ED	\$	1,087,298
2. Project Payments Received to Date	102,340,000	\$	914,150
3. Project Cash Expenditures to Date	GRANTS FINANCE	\$	978,568 1,003,965 <i>held to 90%</i>
4. Cash Expenditures Anticipated During Next Month:		\$	12,369 <i>4/1/24 sum</i>
5. Additional Funds Requested (Entries 3 plus 4 minus 2)		\$	64,418 <i>102,175</i>

FOR DEPARTMENT USE ONLY

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