

= Required Field

Project #: 5880-21-0550	Contract #: <input style="width: 100%;" type="text"/>
Agency Code: 101601040000	
Funding Source:	ARP ESSER 3
Agency Name:	New Lebanon Central School District
Mailing Address:	14665 Route 22
	Street
	New Lebanon NY 12125
	City State Zip Code
Contact Person:	Danielle Brewster Telephone: 518-794-1301
E-mail Address:	dbrewster@newlebanoncsd.org
	Report Period: 08 / 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: 8/15/23 **Signature:** 

1. Amount of Approved Budget (Include approved amendments)	\$	<input style="width: 90%;" type="text" value="619,527"/>
2. Project Payments Received to Date	\$	<input style="width: 90%;" type="text" value="240,857"/>
3. Project Cash Expenditures to Date	\$	<input style="width: 90%;" type="text" value="371,048"/>
4. Cash Expenditures Anticipated During Next Month:	\$	<input style="width: 90%;" type="text" value="0"/>
5. Additional Funds Requested (Entries 3 plus 4 minus 2)	\$	<input style="width: 90%;" type="text" value="130,191"/>

FOR DEPARTMENT USE ONLY

Voucher #: _____		Fiscal Year		Payment Split	Line #
Finance: <input style="width: 50px; height: 20px;" type="text"/>		_____	\$	_____	_____
LOG	MIR	_____	\$	_____	_____
		_____	\$	_____	_____
		_____	\$	_____	_____
		_____	\$	_____	_____