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)

		1000	= Required Field
Project #:			Contract #:
588	30-21-1470		
Agency C	ode:	280205030000	
Funding Source:	ARP-ESSER Part 2- ARP Act (ARP ESSER 3)		
Agency Name:	Levittown Public Schools		
Mailing Address:			
	Street		
	Levittown NY 11756		
	City	State	Zip Code
Contact Person: Dr. Patricia	a Kolodnicki	Telephone	516-434-7060
E-mail Address: pkolod	nicki@levittowns	chools.com	
Report Period: 05 2022 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: Signature:			
Amount of Approved Budget (Include approved amendments) \$ 1,651,167			
2. Project Payments Received to Date			\$ 165,116
3. Project Cash Expenditures to Date			\$ 400,791
4. Cash Expenditures Anticipated During Next Month:			\$
5. Additional Funds Requested (Entries 3 plus 4 minus 2) \$ 235,675			
FOR DEPARTMENT USE ONLY			
Voucher #: Finance: LOG	MIR	Fiscal Year	Payment Split Line #