

= Required Field

Project #: 5880-21-4272	Contract #: <input type="text"/>
Agency Code: 140600860874	
Funding Source:	ARPA Grant
Agency Name:	Westminster Community Charter School
Mailing Address:	P.O. Box 3352
	Street
	Buffalo NY 14215
	City State Zip Code
Contact Person:	Laura Ferrino
E-mail Address:	<input type="text"/>
	Telephone: <input type="text"/>
	Report Period: <input type="text" value="07"/> <input type="text" value="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: 7/12/23

Signature: *Ceresa Herchman*

1. Amount of Approved Budget (Include approved amendments)	\$ <input type="text" value="2,126,656"/>
2. Project Payments Received to Date	\$ <input type="text" value="212,665"/>
3. Project Cash Expenditures to Date	\$ <input type="text" value="662,929"/>
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="450,264"/>

FOR DEPARTMENT USE ONLY

Voucher #:	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"/>

Finance: LOG MIR