## The University of the State of New York THE STATE EDUCATION DEPARTMENT Grants Finance Rm 510W FR

Grants Finance, Rm. 510W EB Albany, New York 12234

## REQUEST FOR FUNDS FOR A FEDERAL OR STATE PROJECT FS-25 (03/15)

			= Required Fi	ield					
	Conf	tract #:							
00									
Agency (	Code:	33230086091	2						
Funding Source	: Title I, Part A								
Agency Name	: Achievement Fir	st Brownsville Ch	arter						
Mailing Address	: 470 James St, S	Suite 007							
J			Street						
	New Haven		CT	06513					
	City	Sta	ate	Zip Code					
Contact Person: Jennifer Rh	noads	Telepho	ne: 203-773-32	223					
E-mail Address: tit	le1@achievement	first.org	-						
			Report Per	iod: 05 24 Month/Year					
	CHIEF ADMINIS	STRATOR'S CER	TIFICATION						
expenditures, disbursements,& cash re Federal (or State) award. I am aware the fact, may subject me to criminal, civil, c (U.S. Code Title 18, Section 1001 and	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: U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).								
1. Amount of Approved Budget (In	clude approved ar	mendments)		\$ 420,040					
2. Project Payments Received to I	Date			\$ 83,731					
3. Project Cash Expenditures to D	ate			\$ 378,036					
4. Cash Expenditures Anticipated	During Next Month	n:		\$					
5. Additional Funds Requested (En	ntries 3 plus 4 min	us 2)		\$ 294,305					
	FOR DEPARTM	ENT USE ONLY							
Voucher #:	_	Fiscal Year	Payment S	Split Line #					
LOG	MIR	,	\$						

### **INSTRUCTIONS**


# 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 (03/15)

			= Required Field	
	Contrac	et #:		
A	. Onder	33230086091	2	
Agenc	y Code:	33230086091	2	
Funding Sour	ce: Title II, Part A			
Agency Nar	ne: Achievement Fir	rst Brownsville Ch	arter	
	ss: 470 James St, S	THE PROPERTY OF THE PARTY OF TH		
Widning / Idai	oo. 170 damed on c		street	
	New Haven		CT	06513
	City	Sta	nte	Zip Code
Contact Person: Jennifer	Rhoads	Telepho	ne: 717-364-2432	
E-mail Address:	title1@achievement	first.org	•	
			Report Period	1: 05 24 Month/Year
				World Fear
	CHIEF ADMINIS	STRATOR'S CER	TIFICATION	
By signing this report, I certify to the expenditures, disbursements,& cash Federal (or State) award. I am aware fact, may subject me to criminal, civii (U.S. Code Title 18, Section 1001 ar	receipts are for the put that any false, fictition , or administrative pen d Title 31, Sections 37	rrposes & objectives us, or fraudulent info alties for fraud, false 729-3730 and 3801-	set forth in the term ormation, or the omis e statements, false c	ns & conditions of the ssion of any material
Amount of Approved Budget (	Include approved ar	mendments)	;	\$ 39,977
2. Project Payments Received to	Date		;	\$ 7,995
3. Project Cash Expenditures to	Date		;	\$ 35,979
4. Cash Expenditures Anticipate	d During Next Montl	h:		\$ 0
5. Additional Funds Requested (	Entries 3 plus 4 min	us 2)	×. ;	\$ 27,984
	FOR DEPARTM	IENT USE ONLY		
Voucher #:		Fiscal Year	Payment Split  \$	t Line#
Finance: LOG	MIR		\$ \$ \$	

## **INSTRUCTIONS**


## The University of the State of New York THE STATE EDUCATION DEPARTMENT Grants Finance Rm 510W FB

Grants Finance, Rm. 510W EB Albany, New York 12234

#### REQUEST FOR FUNDS FOR A FEDERAL OR STATE PROJECT FS-25 (03/15)

			= Required Field	d					
	Project #:								
02									
		0000000000		l					
Agency	Code:	33230086091	2						
Funding Source	Title IV, Part A								
Agency Name	: Achievement Fir	st Brownsville Ch	arter						
Mailing Address: 470 James St, Suite 007									
		S	treet						
=	New Haven		CT	06513					
	City	Sta		Zip Code					
Contact Person: Jennifer RI	noads	Telephor	ne: 717-364-243	2					
E-mail Address: tit	le1@achievement	first.org							
		3	Report Perio	d: 05 24					
			AND STATE OF THE S	Month/Year					
	CHIEF ADMINIC	STRATOR'S CER	TITICATION						
	CHIEF ADMINIS	SIKATOR S CER	IIFICATION						
By signing this report, I certify to the be									
expenditures, disbursements,& cash re Federal (or State) award. I am aware ti									
fact, may subject me to criminal, civil, o									
(U.S. Code Title 18, Section 1001 and									
Date: 613/2024	Signatur	e: this	nur	$\supset$					
1. Amount of Approved Budget (In	clude approved ar	mendments)		\$ 35,043					
2. Project Payments Received to I	Date			\$ 6,668					
3. Project Cash Expenditures to D	ate			\$ 31,539					
4. Cash Expenditures Anticipated	During Next Month	n:		\$ 0					
5. Additional Funds Requested (E	ntries 3 plus 4 min	us 2)		\$ 24,871					
	FOR DEPARTM	ENT USE ONLY							
		Fiscal Year	Payment Sp	lit Line#					
Voucher #:	_	-	\$						
			\$						
Finance:			\$						
LOG	MIR		\$	_					

### **INSTRUCTIONS**

## The University of the State of New York THE STATE EDUCATION DEPARTMENT (see instructions for mailing address)

### PROPOSED AMENDMENT FOR A FEDERAL OR STATE PROJECT FS-10-A (03/15)

**Agency Name and Address** 

Achievement First	Brownsville Charter School						
c/o Achievement Fi	rst Inc, 470 James Street, Kings						
Suite 007, New Hay	ven, CT 06513						
<b>Agency Code:</b>	3 3 2 3 0 0 8 6 0 9 1 2 Amendment # 1						
Project #:	0 0 2 1 2 4 4 3 7 5						
Contract #:							
<b>Contact Person:</b>	Jennifer Rhoads Tel. #: 718-623-2660						
E-Mail Address:	title1@achievementfirst.org						
	INSTRUCTIONS						
	INSTRUCTIONS						
	al and two copies directly to the same State Education Department office where budget was mailed. DO orm to Grants Finance.						
Enter whole dollar	amounts only.						
* This form need on	ly be submitted for budget changes that require prior approval as follows:						
Equipmen Minor rer Any incre \$1,000, w	positions, number and type at items having a unit value of \$5,000 or more, number and type modeling ease in a budget subtotal (professional salaries, purchased services, travel, etc.) by more than 10 percent or whichever is greater ease in the total budget amount.						
❖ Amendment # at	top of this page must be completed.						
❖ Do not use the F	S-10-A for requesting a project extension.						
CHIEF ADMINISTRATOR'S CERTIFICATION  By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and 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:  Chief Administrative Officer							
	FOR DEPARTMENT USE ONLY						
Duggues America	J. Data:						
Program Approva	l: Date:						
Finance:							

Approved

## FS-10-A Page 2

	SUBTOTAL	EXPLANATION (Provide same detail as required in	SUBTOTAL	SUBTOTAL		
		FS-10 Budget)	INCREASE	DECREASE		
15	Professional Salaries	NY FY23 Title I carryover	+\$1,383			
16	Support Staff Salaries					
40	Purchased Services					
45	Supplies & Materials					
46	Travel Expenses					
80	Employee Benefits					
90	Indirect Cost					
49	BOCES Services					
30	Minor Remodeling					
20	Equipment					
		Total Increase or Decrease	(+) \$1,383	(-) \$0		
		Net Increase or Decrease		+\$1,383		
		Previous Budget Total		\$418,657		
		Proposed Amended Total		\$420,040		

## The University of the State of New York THE STATE EDUCATION DEPARTMENT (see instructions for mailing address)

### PROPOSED AMENDMENT FOR A FEDERAL OR STATE PROJECT FS-10-A (03/15)

### **Agency Name and Address**

Achievement First					ol		_							
c/o Achievement F	rst Inc,	470 Jam	es St	reet,			_	Kings						
Suite 007, New Har	ven, CT	06513										C	ounty	
Aganay Cada	3	3 2	3	0	0	] [	8	(	0	9	1	2	]	
Agency Code:	3	3 2	1 3	0		l L	0	6		19	1		Amendment #	1
Project #:		0	2	0	4		2	4	4	3	7	5		7
G							$\top$		Т		T		]	
Contract #:											·			
Contact Person:	a valence of the bearing	er Rhoad							Te	l. #:	_71	8-62	3-2660	
E-Mail Address:	_title1@	<i>g</i> achieve	ement	first.	org						_			
					INS	STI	RUC	CTIO	NS					
NOT submit this form need on  Enter whole dollar  This form need on  Personnel  Equipment  Minor rer  Any increases	<ul> <li>Submit the original and two copies directly to the same State Education Department office where budget was mailed. DO NOT submit this form to Grants Finance.</li> <li>Enter whole dollar amounts only.</li> <li>This form need only be submitted for budget changes that require prior approval as follows:         <ul> <li>Personnel positions, number and type</li> <li>Equipment items having a unit value of \$5,000 or more, number and type</li> <li>Minor remodeling</li> <li>Any increase in a budget subtotal (professional salaries, purchased services, travel, etc.) by more than 10 percent or \$1,000, whichever is greater</li> <li>Any increase in the total budget amount.</li> </ul> </li> <li>Amendment # at top of this page must be completed.</li> </ul>													
and the expenditu and conditions of omission of any n	res, disb the Fede naterial fa therwise.	rtify to the oursemen eral (or Si act, may (U.S. Co	e best ts, an tate) a subjec ode Ti SIC	f of my d cas award. et me itle 18 GNAT	y kno h red . I ai to cr B, Sed FURI	owle ceip m a imir ctio E:	edge its ar ware nal, c n 10	re for the that a civil, or 01 and 1	elief the purpose of	at the poses se, fich sistrat 31, Se	e reposition and titiou five pection	ort is to object s, or i enalti ns 372	true, complete, and ctives set forth in the fraudulent information in the fraud, false set of the contract of	e terms on, or the tatements, 3812).
Finance:														

Approved

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## FS-10-A Page 2

1	SUBTOTAL	EXPLANATION (Provide same detail as required in	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15	Professional Salaries	FS-10 Budget)  NY FY23 Title IV carryover	\$1,702	
16	Support Staff Salaries			
40	Purchased Services			
45	Supplies & Materials			
46	Travel Expenses			
80	Employee Benefits			
90	Indirect Cost			
49	BOCES Services			
30	Minor Remodeling			
20	Equipment			
		Total Increase or Decrease	(+) \$1,702	(-) \$0
		Net Increase or Decrease		+\$1,702
		Previous Budget Total		\$33,341
		Proposed Amended Total		\$35,043

### PROPOSED AMENDMENT FOR A FEDERAL OR STATE PROJECT FS-10-A (03/15)

## The University of the State of New York THE STATE EDUCATION DEPARTMENT (see instructions for mailing address)

#### **Agency Name and Address**

Finance:

0	· ·													
Achievement First	Brownsville	Char	ter Scl	hool										
2021 Bergen St.									King	gs				
Brooklyn, NY 112	33											C	ounty	
Agency Code:	3 3	3		0 0		8	6		0	9	1	2	Amendment#	1
Project #:		5	8	8 0		2	1		4	3	7	5	J	
Contract #:	n i n	1									0.0	12.6	]	
Contact Person:	Rebecca D		<u> </u>			. ~			Tel	l. #:	_80	13-60	64-435	
E-Mail Address:	rebeccadı	ikes(	<i>a</i> yachi	evem	en	ttirs	t.01	g			_			
				INS	TI	RUC	TI	NC	S					
<ul> <li>Submit the origina NOT submit this for</li> <li>Enter whole dollar</li> <li>This form need onl</li> </ul>	orm to Grants Fi amounts only.	nance.											where budget was n	nailed. DO
Personnel Equipmen Minor ren Any increa whichever Any increa	positions, number items having a modeling ase in a budget so is greater ase in the total between the solutions.	per and unit v ubtota	l type value of l (profe	\$5,000 ssional s	or i	more,	, nun	nbei	r and ty	pe			by more than 10 percer	at or \$1,000,
Amendment # at														
❖ Do not use the FS	5-10-A for req	uestin	g a pro	ject ext	ens	sion.								
	(	CHIE	F ADI	MINIS	TR	AT(	R'	S C	ERTI	FICA	TIO	N		
and the expenditu and conditions of t omission of any m	res, disbursen he Federal (or aterial fact, ma	nents, r State ay sub	and ca e) awar oject m e Title 1	ash rece rd. I am e to crir	eipt n av min tior	ts are ware al, c	for that ivil,	the an or a	purpo y false dminis	oses a , fiction strativ I , Sec	and o tious, re per ctions	bjecti or fra naltie: 3729	ue, complete, and ac ives set forth in the t audulent information s for fraud, false stat 9-3730 and 3801-38	erms , or the tements,
			FOF	R DEPA	AR'	TMI	ENI	US	SE ON	ILY				
Program Approval	l:										_ [	Date:		

# 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 (03/15)

				= Required	d Field
Project #:			Contract #:		
5880214375					
Agency Code: 332300860912					
Funding Source: APR ESSER 3					
Agency Name: Achievement First Brownsville Charter					
Mailing Address: 470 James St, Suite 007					
Street					
		New Haven CT			06513
		City	Sta	te	Zip Code
Contact Person:	Contact Person: Jennifer Rhoads Telepho				-2432
E-mail Address:	title1@ach	nievementfirst.	org		
Report Period: 06 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:  Signature:					
Amount of Approved Budget (Include approved amendments)     \$\_3,423,03\$					
2. Project Payments Received to Date					\$ 829,693
3. Project Cash Expenditures to Date					\$ 2,587,560
4. Cash Expenditures Anticipated During Next Month:					\$ 0
5. Additional Funds Requested (Entries 3 plus 4 minus 2) \$\\  \text{1,757,867}					
FOR DEPARTMENT USE ONLY					
Voucher#:			Fiscal Year	Paymen \$	t Split Line #
Finance: LOG	MIR			\$ \$ \$	