

= Required Field

Project #:	Contract #:
<input type="text" value="0021-24-4375"/>	<input type="text"/>
Agency Code: <input type="text" value="332300860912"/>	
Funding Source:	<input type="text" value="Title I, Part A"/>
Agency Name:	<input type="text" value="Achievement First Brownsville Charter"/>
Mailing Address:	<input type="text" value="470 James St, Suite 007"/>
	Street
	New Haven CT 06513
	City State Zip Code
Contact Person:	<input type="text" value="Jennifer Rhoads"/> Telephone: <input type="text" value="203-773-3223"/>
E-mail Address:	<input type="text" value="title1@achievementfirst.org"/>
	Report Period: <input type="text" value="05"/> <input type="text" value="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: 6/13/2024

Signature: 

- | | | |
|--|----|--------------------------------------|
| 1. Amount of Approved Budget (Include approved amendments) | \$ | <input type="text" value="420,040"/> |
| 2. Project Payments Received to Date | \$ | <input type="text" value="83,731"/> |
| 3. Project Cash Expenditures to Date | \$ | <input type="text" value="378,036"/> |
| 4. Cash Expenditures Anticipated During Next Month: | \$ | <input type="text"/> |
| 5. Additional Funds Requested (Entries 3 plus 4 minus 2) | \$ | <input type="text" value="294,305"/> |

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"/>

Finance: LOG MIR

INSTRUCTIONS

= Required Field

Project #:		Contract #:	
0147-24-4375			
Agency Code:		332300860912	
Funding Source:	Title II, Part A		
Agency Name:	Achievement First Brownsville Charter		
Mailing Address:	470 James St, Suite 007		
	Street		
	New Haven	CT	06513
	City	State	Zip Code
Contact Person:	Jennifer Rhoads	Telephone:	717-364-2432
E-mail Address:	title1@achievementfirst.org		
	Report Period:	05	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: 6/13/2024

Signature: 

- | | | |
|--|----|-------------------------------------|
| 1. Amount of Approved Budget (Include approved amendments) | \$ | <input type="text" value="39,977"/> |
| 2. Project Payments Received to Date | \$ | <input type="text" value="7,995"/> |
| 3. Project Cash Expenditures to Date | \$ | <input type="text" value="35,979"/> |
| 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="27,984"/> |

FOR DEPARTMENT USE ONLY

Voucher #:	Fiscal Year	Payment Split	Line #
_____	_____	\$ _____	_____
Finance: <input type="checkbox"/>	_____	\$ _____	_____
LOG <input type="checkbox"/>	_____	\$ _____	_____
MIR <input type="checkbox"/>	_____	\$ _____	_____
	_____	\$ _____	_____

INSTRUCTIONS

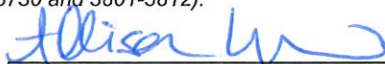
= Required Field

Project #: <input type="text" value="0204-24-4375"/>	Contract #: <input type="text"/>
Agency Code: <input type="text" value="332300860912"/>	
Funding Source:	<input type="text" value="Title IV, Part A"/>
Agency Name:	<input type="text" value="Achievement First Brownsville Charter"/>
Mailing Address:	<input type="text" value="470 James St, Suite 007"/>
	Street
	New Haven CT 06513
	City State Zip Code
Contact Person:	<input type="text" value="Jennifer Rhoads"/> Telephone: <input type="text" value="717-364-2432"/>
E-mail Address:	<input type="text" value="title1@achievementfirst.org"/>
	Report Period: <input type="text" value="05"/> <input type="text" value="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: 6/13/2024

Signature: 

1. Amount of Approved Budget (Include approved amendments)	\$	<input type="text" value="35,043"/>
2. Project Payments Received to Date	\$	<input type="text" value="6,668"/>
3. Project Cash Expenditures to Date	\$	<input type="text" value="31,539"/>
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="24,871"/>

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"/>

INSTRUCTIONS

Agency Name and Address

Achievement First Brownsville Charter School
c/o Achievement First Inc, 470 James Street,
Suite 007, New Haven, CT 06513

Kings County

Agency Code:

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 #:

--	--	--	--	--	--	--

Contact Person: Jennifer Rhoads Tel. #: 718-623-2660

E-Mail Address: title1@achievementfirst.org

INSTRUCTIONS

- ❖ 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.
- ❖ Enter whole dollar amounts only.
- ❖ This form need only be submitted for budget changes that require prior approval as follows:
 - Personnel positions, number and type
 - Equipment items having a unit value of \$5,000 or more, number and type
 - Minor remodeling
 - Any increase in a budget subtotal (professional salaries, purchased services, travel, etc.) by more than 10 percent or \$1,000, whichever is greater
 - Any increase in the total budget amount.
- ❖ Amendment # at top of this page must be completed.
- ❖ Do not use the FS-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: 6/13/2024 SIGNATURE: 
Chief Administrative Officer

FOR DEPARTMENT USE ONLY

Program Approval: _____ Date: _____

Finance:

--

--

Log Approved

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL 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	

Agency Name and Address

Achievement First Brownsville Charter School
c/o Achievement First Inc, 470 James Street,
Suite 007, New Haven, CT 06513

Kings
County

Agency Code:	3	3	2	3	0	0	8	6	0	9	1	2	Amendment #	1
Project #:	0	2	0	4	2	4	4	3	7	5				
Contract #:														

Contact Person: Jennifer Rhoads **Tel. #:** 718-623-2660
E-Mail Address: title1@achievementfirst.org

INSTRUCTIONS

- ❖ 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.
- ❖ Enter whole dollar amounts only.
- ❖ This form need only be submitted for budget changes that require prior approval as follows:
 - Personnel positions, number and type
 - Equipment items having a unit value of \$5,000 or more, number and type
 - Minor remodeling
 - Any increase in a budget subtotal (professional salaries, purchased services, travel, etc.) by more than 10 percent or \$1,000, whichever is greater
 - Any increase in the total budget amount.
- ❖ Amendment # at top of this page must be completed.
- ❖ Do not use the FS-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: 6/13/2024 SIGNATURE: 
Chief Administrative Officer

FOR DEPARTMENT USE ONLY

Program Approval: _____ Date: _____

Finance:

Log

Approved

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 Professional Salaries	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	

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
2021 Bergen St.
Brooklyn, NY 11233

Kings
County

Agency Code:

3	3	3	2	0	0
---	---	---	---	---	---

8	6
---	---

0	9	1	2
---	---	---	---

 Amendment #

1

Project #:

5	8	8	0
---	---	---	---

2	1
---	---

4	3	7	5
---	---	---	---

Contract #:

--	--	--	--	--	--

Contact Person: Rebecca Dukes Tel. #: 803-664-435

E-Mail Address: rebeccadukes@achievementfirst.org

INSTRUCTIONS

- ❖ 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.
- ❖ Enter whole dollar amounts only.
- ❖ This form need only be submitted for budget changes that require prior approval as follows:
 - Personnel positions, number and type
 - Equipment items having a unit value of \$5,000 or more, number and type
 - Minor remodeling
 - Any increase in a budget subtotal (professional salaries, purchased services, travel, etc.) by more than 10 percent or \$1,000, whichever is greater
 - Any increase in the total budget amount.
- ❖ Amendment # at top of this page must be completed.
- ❖ Do not use the FS-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: 6/13/2024 SIGNATURE: 
Chief Administrative Officer

FOR DEPARTMENT USE ONLY

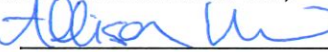
Program Approval: _____ Date: _____
Finance: _____

= Required 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 State Zip Code
Contact Person:	Jennifer Rhoads Telephone: 717-364-2432
E-mail Address:	title1@achievementfirst.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: 6/13/2024 **Signature:** 

1. Amount of Approved Budget (Include approved amendments)	\$	3,423,035
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)	\$	1,757,867

FOR DEPARTMENT USE ONLY

Voucher #: _____	Fiscal Year	Payment Split	Line #
	_____	\$ _____	_____
	_____	\$ _____	_____
Finance:	_____	\$ _____	_____
LOG MIR	_____	\$ _____	_____

