

	Project #		Contract #
	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
Agency Code:	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
Funding Source:	_____		
Agency Name:	_____		
Mailing Address:	_____		
	Street		
	_____	_____	_____
	City	State	Zip Code
Contact Person:	_____		Telephone: _____
E-Mail Address	_____		<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> MONTH YEAR

CHIEF ADMINISTRATOR'S CERTIFICATION
I hereby certify that all information reported herein is true and accurate.

Date: _____ **Signature:** _____

1. Amount of Approved Budget (Include approved amendments)	\$
2. Project Payments Received to Date	\$
3. Project Cash Expenditures to Date	\$
4. Cash Expenditures Anticipated During Next Month	\$
5. Additional Funds Requested (Entries 3 plus 4 minus 2)	\$

FOR DEPARTMENT USE ONLY		
	Fiscal Year	Payment Split
Voucher # _____	_____	\$
	_____	\$
	_____	\$
Finance: <input style="width: 60px; height: 20px;" type="text"/> <input style="width: 60px; height: 20px;" type="text"/>	_____	\$
Log MIR	_____	\$

Instructions

Use this form to request funds from a grant approved by the State Education Department. Before submitting a request to Grants Finance, local agency staff must have a clear understanding of the policies and procedures regarding payments for federal and State grants. The Department will consider the Chief Administrator's signature on the form to be confirmation of the agency's knowledge of and agreement to meet the requirements. The requirements that must be met in order to receive funds using form FS-25 are addressed in Grants Finance's Fiscal Guidelines for Federal and State Grants at <http://www.oms.nysed.gov/cafe/guidance/>.

Please review your agency's budget, amendment, expenditure and payment records prior to completing the FS-25.

Line 1 - Amount of Approved Budget: Enter the total amount of the approved budget plus any approved budget amendments.

Line 2 – Project Payments Received to Date: Enter the total of any payments received by the agency for this particular grant.

Line 3 – Project Cash Expenditures to Date: Enter the total amount of actual expenditures made under this grant.

Line 4 – Cash Expenditures Anticipated During the Next Month: Request only what is needed to support grant activities during the next month, minimizing the time between receipt of the funds and disbursement. Enter zero if the grant program is reimbursement only or if your agency is receiving payments on a reimbursement-only basis.

Line 5 – Additional Funds Requested: Add lines 3 and 4, then subtract 2. Enter the result in line 5. If line 5 is zero or less, do not submit a form FS-25.

Please use whole dollar amounts.

Send one copy with original signature directly to Grants Finance for each grant. For Special Legislative Projects, send one original and two copies to the Special Legislative Projects Team, Special Legislative Projects Team, New York State Education Department, Room 136 EB, Albany, NY 12234.