**USAGE OF ETTPP FUNDS SUMMARY AND CERTIFICATION - “0426”**

**2017-18 Excess Teacher Turnover Prevention Program-School Age Only Programs**

|  |  |
| --- | --- |
| School Name: | INSERT SCHOOL NAME |
| BEDS Code: | INSERT BEDS CODE |

**Instructions:**  This document, with **Chief Administrator’s original signature**, must be submitted concurrently with school’s Consolidated Fiscal Report (CFR) or ST-3 Supplemental Schedules SS20-27 that corresponds to the school’s 2017-18 school year.

**Email to:**  [RSU-ETTPG@nysed.gov](mailto:RSU-ETTPG@nysed.gov) Please have the agency’s Chief Administrator sign the attestation and attached it as a PDF file.

**The amount(s) reported below must correspond to the amount(s) originally awarded by program.**

**No funding will be provided upon reconciliation absent this attestation.**

**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 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.* I also certify that the award received for the **2017-18** school year was disbursed to eligible staff as supplemental compensation (Salaries and Fringe Benefits) in the manner reported below and that these expenditures will remain in the personal services costs for the eligible positions and will be reported in the base year financial statements.

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| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| **Chief Administrator’s Signature**  **(Original signature)** |  | **Chief Administrator’s Name** |  | **Chief Administrator’s Title** |  | **Date** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Use whole dollar amounts.** **Amounts reported below should match the amount originally awarded by program.**  (**Eligible Programs:** 9000-9014, 9020-9038)  (**Ineligible Programs:** 9015-9019, ≥ 9039) | | | | | | |
| **Program Code:** | 9 \_ \_ \_ | 9 \_ \_ \_ | 9 \_ \_ \_ | 9 \_ \_ \_ | 9 \_ \_ \_ | 9 \_ \_ \_ |
| **Amount Disbursed:** | $ \_ \_ , \_ \_ \_ | $ \_ \_ , \_ \_ \_ | $ \_ \_ , \_ \_ \_ | $ \_ \_ , \_ \_ \_ | $ \_ \_ , \_ \_ \_ | $ \_ \_ , \_ \_ \_ |
| **How many teachers were employed by each program on October 5, 2017?** |  |  |  |  |  |  |
| **How many of those teachers counted in the row above were no longer employed as teachers by each program on October 4, 2018?** |  |  |  |  |  |  |