

	<b>Project #</b>	<b>Contract #</b>																
	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">7</td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse; margin-left: 20px;"> <tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">2</td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse; margin-left: 20px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse; margin-left: 20px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>	0	0	7	0	1	2											
0	0	7	0															
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<b>Agency Code:</b>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse; margin-left: 20px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse; margin-left: 20px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																	
<b>Funding Source:</b>	<u>LSTA Service 2010-2012 Service Improvement Grant Program</u>																	
<b>Agency Name:</b>	_____																	
<b>Mailing Address:</b>	_____																	
	Street																	
	_____	_____																
	City	State																
		Zip Code																
<b>Contact Person:</b>	_____	<b>Telephone:</b> _____																
<b>E-Mail Address</b>	_____																	
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	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		
<b>Voucher #</b>	_____	_____	\$		
		_____	\$		
		_____	\$		
<b>Finance:</b>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 40px; height: 20px;"></td></tr> </table>		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 40px; height: 20px;"></td></tr> </table>		\$
	Log	MIR	\$		
		_____	\$		

### Instructions

**Send one copy with original signature directly to Library Development at address indicated on the form**

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.