**USAGE OF ETTPP FUNDS SUMMARY AND CERTIFICATION**

**2023-24 Excess Teacher Turnover Prevention Program-School Age & Preschool Programs**

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

**Instructions:**  This document, with **Chief Administrator’s original signature**, must be submitted by August 31, 2024.

**Email to:**  RSU-ETTPG@nysed.gov Please have the agency’s Chief Administrator sign the attestation and attach it as a PDF file.

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| --- |
| **Amounts reported below must match the amount originally awarded by program. Unused funds with be subject to reconciliation.**  |
| **Program Code:** | 9 \_ \_ \_ | 9 \_ \_ \_ | 9 \_ \_ \_ | 9 \_ \_ \_ | 9 \_ \_ \_ | 9 \_ \_ \_ |
| **Amount Disbursed:** | $ \_ \_ , \_ \_ \_  | $ \_ \_ , \_ \_ \_ | $ \_ \_ , \_ \_ \_ | $ \_ \_ , \_ \_ \_ | $ \_ \_ , \_ \_ \_ | $ \_ \_ , \_ \_ \_ |
| **If funds disbursed do not match original award, please explain in the space provided.** **Please list which programs will be running in the 2024-25 school year.** |  |  |  |  |  |  |
|  |  |  |  |  |  |

**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 **2023-24** school year was disbursed to eligible staff as supplemental compensation (Salaries and Fringe Benefits) in the manner reported above 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** |  | **Chief Administrator’s Printed Name** |  | **Chief Administrator’s Title** |  | **Date** |