

INSTRUCTIONS FOR COMPLETING
CARES ACT - CRF (ES-2 CRF FORM)

1. Submit one original completed form with the signature of Superintendent **no later than the tenth of the month** to the following address:

Alabama State Department of Education
Division of Administrative and Financial Services
LEA Accounting
Room 5141 Gordon Persons Building
P O Box 302101
Montgomery, AL 36130-2101

2. If you have no request to make for a particular month, you do not have to submit the form.
3. In order for all requests to have a uniform appearance and to make sure that calculations are correct, do not change the format when preparing a request. Enter the required amounts in columns 1 and 2.

In column 3, enter the cumulative totals of disbursements and cost incurred for the appropriate category. Be careful not to write over total cells.

Note: For a cost to be considered incurred, performance or delivery must occur during the covered period but payment of the funds need not be made during that time (though it is generally expected that this will take place within 90 days of a cost being incurred).