

CARES ACT - ESSER FEDERAL FUNDS REQUEST
 (See Instructions for Completing)

FY 2021	Fund Source	Approved Budget Amount (1)	As of Date		Cash Balance (2-3) (4)	Estimated Disb. Next Month (5)	Cash Requested (5-4) (6)
			Receipts (2)	Disbursements (3)			
Elem. & Sec. School Emergency Relief Fund 84.425D	4290	FY2021	-	-	-	-	-
TOTAL CASH REQUESTED							-

LEA Contact person _____

Telephone Number _____

Remarks: _____

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 Federal 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. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

I hereby certify that to the best of my knowledge, this information is correct and that funds were expended in accordance with the approved budget. This request is in compliance with the Cash Management Improvement Act (CMIA) in that cash advances are limited to the immediate cash needs of the requesting entity.

 Signature of Superintendent

 Local Education Agency

 System Code

 Date