

Request for Funds Form
Governor's Emergency Education Relief Funds (CFDA 84:425C)

Upon completion of form, attach all required supporting documentation and submit packet to [GEERF DOA@la.gov](mailto:GEERF_DOA@la.gov)

Subrecipient Name: _____

Date of Request: _____ **Applicable State Fiscal Month/Year:** _____

Amount of Request: _____ **DUNS Number:** _____

Purpose / Use of Funds:

By my signature below, I certify that (1) this request for funds only includes costs for allowed uses, (2) all required compliance requirements for this program have been met, (3) all required supporting documentation to substantiate the request has been provided or will be provided in accordance with grant handbook requirements, (4) if funds will be remitted to subrecipient(s), they will be done so within 2 business days of receipt of funds from DOA, and (5) the required reporting to the DOA, if applicable, will be submitted on the 5th day of the following month.

(Printed Name of Individual Submitting Request / Title) _____
(Digital Signature of Individual Submitting Request)

(Email Address) _____
(Telephone Number)

For OFSS Use Only

Date of Receipt: _____ **Original Budget Authority:** _____

Allowable Payment: _____ **Expended Budget Amount:** _____
(Including this Request)

Internal RFF Number: _____

Date of Draw: _____ **Remaining Budget Authority:** _____
(After this Request)

Date of Payment: _____

Payment Transaction #: _____

Notes:

Exhibit B

Subrecipient Name	Name of Agency Requesting Funds
Date of Request	Date Request is Made
Applicable State Fiscal Month/Year	Appropriate State Fiscal Month and Year of Actual Expenditure
DUNS #	Agency DUNS #
Amount of Request	Amount of Actual Request
Purpose for Use of Funds	Include description of how expenditure meets the required use of funds and explanation as to why amount of request may not agree to attached invoices and/or supporting documentation
Printed Name of Individual Submitting Request/Title	Printed Name and Title of Individual Submitting Request
Digital Signature of Individual Submitting Request	Digital Signature of Individual Submitting Request
Email Address	Email Address of Individual Submitting Request
Telephone Number	Telephone Number of Individual Submitting Request

Internal Use Section:	Recorded by Financial Reporting as Date Received Email and Supporting Documentation
Date of Receipt:	
Allowable Payment:	Amount Determined to be Allowable by Financial Reporting
*Internal RFF Number:	Internally Assigned Request for Funds Number by Financial Reporting
Date Received by Cash Disbursements	Recorded by Cash Disbursements as the Date Received Packet via Email from Financial Reporting
Date of Draw:	Date of Draw by Financial Reporting
Date of Payment:	Date of Payment Recorded by Cash Disbursements
Payment Transaction #:	System Transaction # Recorded by Cash Disbursement
Original Budget Authority:	Amount of Award to Pass-Through Entity
Expended Budget Amount:	Amount of Award Expended and Passed Through to Pass-Through Entity
Remaining Budget Authority:	Budget Authority Remaining after all Expended Amounts (Including Current Allowed Payment Per this RFF)

* The Internal RFF Number must be entered on the payment document in the system to match the payment to the request, providing an audit trail.