REQUEST FOR FUNDS

DEPARTMENT OF PUBLIC INSTRUCTION
SFN 14660 (9-06)

Requesting Agency (Grantee)		Project/Program Title and/or Number (As it appears on Grant Award)		
Grantee Contact Person		DPI Contact Person		
Address	City	State	Zip	Telephone
Budget/Project Period (Month/Day/Year) From To	Fiscal Year Final Request No ☐ Yes ☐	Reporting Period of Expenditures for this Request (Month/Day/Year) From To		

A.	Total amount of grant award (including revisions and/or carry-over if applicable).	
B.	Cumulative expenditures (expenditures from start of this budget/project period through the end of this reporting period).	
C.	Unpaid obligations being claimed for payment* (*Must be <u>zero</u> on final request*).	
D.	Prior payments received for this grant.	
E.	*<u>Amount of this request</u>* = Line B, *plus* Line C, *less* Line D.	
F.	Grant balance remaining = Line A, *less* Lines B and C.	

*Unpaid obligations may include those items ordered but not yet received and items for which invoices have been received but checks have not been written. ***If this is federal program funds, checks for the unpaid obligations must be written within 3 days of receipt of funds. The final request for funds <u>may not</u> include unpaid obligations.***

Reimbursement claims for funds expended ***through June 30*** of any year must be submitted to the Department of Public Instruction by ***July 8.***

This section to be completed ***only*** for requests submitted in ***July and August.***

1. Are all funds requested on Line E above for costs incurred prior to June 30? ☐ No ☐ Yes
2. **If no**, please indicate the amount of the request which applies to the new fiscal year beginning July 1: $

Remarks

I hereby certify the following: 1) The requesting agency has authorized me as its representative for this project/program. 2) That state and federal rules and regulations applicable to the use of these funds were observed. 3) Documentation for reported expenditures and obligations are available for audit review.

Typed Name of Authorized Representative	Title	
Signature of Authorized Representative	Date	Telephone

For Department of Public Instruction use only		Total Payment Approved $		Account		Class 20167
Signature of DPI Representative	Date	Dept ID	CFDA	Project ID	Activity ID	Payment Approved $
Signature of DPI Representative	Date	Dept ID	CFDA	Project ID	Activity ID	Payment Approved $
Signature of DPI Representative	Date	Dept ID	CFDA	Project ID	Activity ID	Payment Approved $
Signature of DPI Representative	Date	Dept ID	CFDA	Project ID	Activity ID	Payment Approved $
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