Alabama State Department of Education

LEA Accounting

ES-2 ER Form

CRRSA Act - ESSER II FEDERAL FUNDS REQUEST
(See Instructions for Completing)

<table>
<thead>
<tr>
<th>Fund Source</th>
<th>Approved Budget Amount</th>
<th>As of Date</th>
<th>Cash Balance</th>
<th>Estimated Disb. Next Month</th>
<th>Cash Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elem. &amp; Sec. School Emergency Relief Fund</td>
<td>84,425D</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

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 __________________________