

ELISS Grant Cover Sheet (FY 2022)

<i>ELISS NAME</i>	
<i>ELISS Organization Number</i>	
<i>AMOUNT REQUESTED</i>	

I attest that the organization is submitting accurate and complete information for this reimbursement request.	
Signature of Fiscal Agent Organization Chief Administrator for the program as Listed on the Basic Program Information Form	Date

Send Documentation to Melba.Strickland@dpi.nc.gov & Melissa.Madrid@dpi.nc.gov *Documentation must be received within 10 business days of the ERaCA submission to avoid disablement of ELISS funds.