

BAAS Reconciliation – 21<sup>st</sup> CCLC Cover Sheet (FY 2023)

<i>LEA Organization Name</i>	
<i>LEA Organization Number</i>	
<i>Cohort Number</i>	<input type="checkbox"/> Cohort 16 <input type="checkbox"/> Cohort 15 <input type="checkbox"/> Cohort 14 (If your program has multiple Cohorts, please submit each Cohort separately)
<i>Amount Requested</i>	
<i>BAAS Reporting Month</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 LEA as Listed on the Basic Program Information Form	Date

**PLEASE NOTE this important change for FY23:**

Supporting Documentation must be emailed to both  
**Melba.Strickland@dpi.nc.gov** and your **Fiscal Team** (East or West)  
 on the Tuesday before your Fiscal Monitoring

**Fiscal Team East:** Ashton.Moss@dpi.nc.gov  
**Fiscal Team West:** Katrina.Blount@dpi.nc.gov and Monica.Pask@dpi.nc.gov