ERaCA Reconciliation – 21st CCLC Cover Sheet (FY 2023)

Non-LEA Organization Name	
Non-LEA Organization Number	
Cohort Number	 Cohort 16 Cohort 15 Cohort 14 (If your program has multiple Cohorts, please submit each Cohort separately)
Amount Requested	
Date Requested	
(Please be reminded that documents are due the same day as requested.)	

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	Date	
Program Information Form		

PLEASE NOTE this important change for FY23:

To avoid ERaCA disablement, Supporting Documentation must be emailed to both **Melba.Strickland@dpi.nc.gov** and your **Fiscal Team** (East or West) on the <u>same date</u> as your ERaCA submission.

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