

ERaCA Reconciliation Cover Sheet (Rev. August 23, 2018)

ORGANIZATION NAME:	
UNIT NUMBER:	
COHORT NUMBER:	<input type="checkbox"/> Cohort 12 <input type="checkbox"/> Cohort 13 <input type="checkbox"/> Cohort 12 & 13 (Both)
AMT REQUESTED (IF BOTH, INDICATE AMT FOR EACH)	
FUND REQUESTED DATE (FRD):	

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

Send Documentation to RICHARD.TRANTHAM@DPI.NC.GOV or FAX to 919.807.3968