

BAAS Reconciliation Summer Mini - Grant Cover Sheet (FY 2022)

|                                    |  |
|------------------------------------|--|
| <i>LEA NAME</i>                    |  |
| <i>LEA<br/>Organization Number</i> |  |
| <i>AMOUNT REQUESTED</i>            |  |
| <i>BAAS SUBMISSION DATE</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<br>Information Form | Date |

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Send Documentation to [Melba.strickland@dpi.nc.gov](mailto:Melba.strickland@dpi.nc.gov)

\*Documentation must be received within 10 business days of the BAAS submission.