



Request for Funds

School Name _____

Grant _____

Request Amount _____

By signing this document, I certify to the best of my knowledge and belief that the information provided in this request for funds is true, complete, and accurate.

I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.

Authorized Representative Signature

Date

Authorized Representative Printed Name

Authorized Rep Job Title

Name of Person Preparing Report

Contact Phone Number

(must be a different individual than the Authorized Representative)