



ESSER Funding Request Form

Name of Requestor: _____ Total of Funding Request: _____

Funding Source (circle one): ESSER 2 (PRC 171) ESSER 3 (PRC 181)

Vendor Name: _____

Description of Funding Request:

Which area(s) is/are addressed by the funding request above?

- | | |
|---|--|
| <input type="checkbox"/> Addressing Learning Loss | <input type="checkbox"/> Improve Air Quality |
| <input type="checkbox"/> Facility Repairs/Improvements to Minimize Transmission | |
| <input type="checkbox"/> Coordination of Preparedness and Response | |
| <input type="checkbox"/> Providing Principals/Leaders with Resources | <input type="checkbox"/> Summer Learning |
| <input type="checkbox"/> Addressing Unique Needs of Special Populations. | <input type="checkbox"/> Improving Preparedness and Response |
| <input type="checkbox"/> Training to Minimize Virus Transmission. | <input type="checkbox"/> Supplies to Clean and Sanitize |
| <input type="checkbox"/> Long-Term Closure Activities | <input type="checkbox"/> Educational Technology |
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Other Eligible Activities |

Provide a written justification how the request meets the area(s) listed above and complies with ESSER funding requirements:

Signature of Requestor

Date

The following request above was reviewed on _____ and was approved/not approved. This form must be completed and approved prior to the completion of a requestion and purchase order. A copy of this form will be uploaded into LINQ with all purchasing documentation and a copy will be filed in the Superintendent’s Office.

Reason for Non-Approval:

Signature of Superintendent

Date

Signature of Finance Officer

Date

NOTE: Attach approved request to the purchase order when submitting the invoice for payment. If you are using funds for personnel, make sure you submit required information to the Human Resources Department for board approval.