American Rescue Plan-Homeless Children and Youth PART 1: Liquidation Extension Application REQUEST

Instructions

The federal requirements found in the American Rescue Plan-Homeless Children and Youth (ARP-HCY) funding require that funds be subject to Uniform Grants Guidance (UGG). This application allows local educational agencies (LEAs) to request an extension of the liquidation period for ARP-HCY I, ARP-HCY II, Homeless Education Technical Assistance Centers (HETAC), and Homeless Innovative Program (HIP) funds only, on a project-by-project basis. The ARP-HCY funding requires that funds be spent and/or obligated by September 30, 2024, with the standard 120-day liquidation deadline being January 28, 2025. If approved, the LEA will have up to March 28, 2026, to liquidate these funds.

Each application must reflect ONE of the funding streams (ARP-HCY I, ARP-HCY II, HETAC, or HIP). If a LEA needs to apply for a liquidation extension for more than one funding stream, then the LEA will need to submit a Liquidation Extension Application (Part I) and the signed Assurances (Part II) for each funding stream. LEAs may be required to provide additional information as requested for review of each application. In addition, if an application is approved, LEAs will be required to continue reporting expenditures and obligations as well as be prepared for future monitoring throughout the liquidation period.

The LEA will need to submit the completed the Liquidation Extension Application (Part I) and the signed Assurances (Part II) to the HERFA@cde.ca.gov email by October 30, 2024. The subject line: Liquidation Extension Application – (name of LEA) – funding stream. Remember the funding streams are ARP-HCY I, ARP-HCY II, HETAC, and/or HIP.

If necessary, LEAs should attach documentation that supports a timely obligation, exceptional delays, and/or approved capital expenditure approval form.

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Applicant Background Information

1. **Date of Request:**

2. **LEA Name**:

3. **CDS Code**:
(Format your LEA County District School CDS code as XX-XXXXX-XXXXXXX)

4. **Name of Primary Contact**:

5. **Title of Primary Contact**:

6. **Email Address of Primary Contact**:

7. **Phone Number of Primary Contact**:

8. **ARP-HCY Funding Stream** *(Select ONE per Extension Application Request):*

ARP I ◯ ARP II ◯ HIP ◯ HETAC ◯

9. **Allocation Total**:
This is the total amount that the LEA was eligible to receive from ARP-HCY funds.

10. **Amount Obligated as of September 30, 2024**:

11. **Amount Liquidated as of September 30, 2024**:

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12. **Amount of Obligated Funds Needing Liquidation Extension up to March 28, 2026**:
This should represent the amount anticipated to need a liquidation extension. It should not be assumed that the amount requested and the balance remaining should be equal. The liquidation request amount must be aligned to specific projects or contracts based on obligations completed by September 30, 2024.

13. **Use of Funds**:
Examples might include instructional or student support services contract(s), delayed materials/supplies, or other allowable uses. All funds included in the request for extension must be properly obligated by September 30, 2024.

14. **Justification**:
Provide an explanation for funds that may not be liquidated by the end of the regulatory liquidation period (January 28, 2025) based on the uses of funds listed above and how the LEA will continue to support the expedited liquidation of funds. Needing more time to expend funds is not an adequate reason or justification for a liquidation extension. Examples might include delays related to supply shortages, labor shortages, contract delays, staff turnover, etc.

15. **OPTIONAL**: Other Subgrantee-Specific Data Notes:
This question is available for any additional information the LEA may want to include regarding data outliers or other associated/applicable information.

American Rescue Plan-Homeless Children and Youth
PART II: Liquidation Extension Application ASSURANCES

Instructions

Local educational agencies (LEAs) are required to submit these signed Assurances (Part II) with each ARP-HCY Liquidation Extension Application (Part I). Please review and check each certification below. All certifications must be completed on behalf of the LEA and by an individual with appropriate authority.

☐ I certify that all expenditures for this request will be properly obligated by the obligation deadline of September 30, 2024, for the funding source used. Any approval of this request does not change the obligation deadline for these funds and impacts the liquidation timeline only.

☐ I certify that the activities and services included within the liquidation extension are allowable and have been properly obligated by September 30, 2024, according to the ARP-HCY.

☐ I understand that this request is subject to approval by both the California Department of Education (CDE) and the U.S. Department of Education (ED). If this request is ultimately not approved, this project is subject to standard liquidation timelines, as described in 2 *Code of Federal Regulations (CFR)* § 200.334. If the request for a liquidation extension is not approved and the funds cannot be liquidated within the standard liquidation timeline, the cost would be unallowable and must be transferred to an allowable fund source.

☐ I certify and understand that, if this application is approved, this project will be subject to continued monitoring and oversight, which will require additional reporting. The LEA will complete all required additional reporting and monitoring, throughout and beyond the liquidation period, as applicable.

☐ I certify that the LEA will meet the applicable extended liquidation deadline, as approved by the CDE and the ED.

☐ I certify that the costs are allowable per the Uniform Grant Guidance (UGG) and the Education Department General Administrative Regulations (EDGAR), and that all other applicable federal requirements will be met.

☐ I certify that all information submitted within this application is accurate and complete to the best of my knowledge, and no information has been intentionally omitted or altered.

Signature of the Superintendent or LEA representative with appropriate authority

Name of the signature above **Title of the signature above**