

Federal Cash Request Statement of Assurance

Local Education Agency _____
Fiscal Year July 1, 2024 to June 30, 2025

I certify that the information that will be submitted on the Federal Cash Request form is accurate, has been properly reviewed, and is being submitted in accordance with State and Federal regulations. This certification represents my approval of these documents to be submitted by email without my signature on the individual documents and I am authorizing the following individuals to submit these reports to the Kentucky Department of Education.

PRIMARY SUBMITTER:

Name: _____ Title: _____

Email Address: _____

In the absence of the primary submitter, the following parties are authorized to submit:

Name: _____ Title: _____

Email Address: _____

Name: _____ Title: _____

Email Address: _____

****Consolidate all requests each month on one form.**

****Only the Superintendent or their Designee may sign off below**

Signature of Superintendent or Designee: _____

Job Title: _____

Date: _____

Note: Please notify the Kentucky Department of Education, Division of Budgets and Financial Management when personnel changes affect this delegation of authority.

Note: The Designee can be the Assistant Superintendent, CFO, Treasurer, or Finance Officer