

ERaCA Reconciliation – 21<sup>st</sup> CCLC Cover Sheet (FY 2025)

<i>Non-LEA Organization Name</i>	
<i>Non-LEA Organization Number</i>	
<i>Cohort Number</i>	<input type="checkbox"/> Cohort 16 <input type="checkbox"/> Cohort 17
<i>Amount Requested</i>	
<i>Date Requested</i>  (Please be reminded that documents are due the same day as requested.)	

I certify to the best of my knowledge and belief that the information provided herein 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.	
Signature of Fiscal Agent or Chief Administrator as Listed on the Basic Program Information Form:	
	Date:

*To avoid ERaCA disablement, all Supporting Documentation must be emailed to NCDPI the same day as your ERaCA request.*

**Email Documents To: [21stCCLCTeam@dpi.nc.gov](mailto:21stCCLCTeam@dpi.nc.gov)**