



**RHODE ISLAND DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
School Building Authority COVID 19 Capital Fund
Request Form**

LEA: _____

Type of Service: _____

Invoice Amount: _____

CERTIFICATION:

I certify that the above information is correct to the best of my knowledge and belief and that the invoice amount is with respect to SBA COVID-19 Capital Fund related to capital improvements addressing the impacts of the coronavirus pandemic.

Superintendent's Signature **Date**

Below this Line - For Internal Use Only

School Building Authority at the Rhode Island Department of Education Verification

Date

Verification

1. School Building Authority
