



**American Rescue Plan (ARP) State
Fiscal Recovery Funds (SFRF)
Request Form**

Please complete this form in accordance with
the process instructions.

Agency/Point of Contact: _____

Title of Request: _____

Date: _____ **Request Amount:** _____

Expenditure Time Period: _____ **to** _____

Brief Summary of Request: (Summary must be complete on this page with supporting information attached)

Department Head Signature

Date