

2020 - 2021 Materials Request Form

CARES Act (ESSER Fund)

School Name: _____

Content Area Focus: _____

Date: _____

This item is for an APPROVED CARES Act (ESSER Fund) activity
(Catapult Use Only) YES ____ NO ____



Description of Activity:

Items Requested	Quantity	Website	Proposed Cost

Administrator's Signature _____

Catapult Signature _____

Typed signature will be accepted as a digital signature.