### Late Claim Explanation and Prevention Plan

Complete, sign, and email or fax this form to the Grants Administrator at aneshia.harris@decal.ga.gov or 404-651-7428 or 770-342-3118 for approval prior to processing this claim. Please note that claims submitted after 30 days can be held up to 45 days.

|  |  |
| --- | --- |
| **Agreement number:** |  |
| **Claim month/year:** |  |

Please explain why you did not meet the 30-day deadline for submitting claims.

|  |
| --- |
|    |
|  |
|   |
|   |
|   |
|   |
|   |

Please explain what actions you have taken to prevent this from happening again.

|  |
| --- |
|  |
|  |
|   |
|   |
|   |
|   |
|   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |   |  |   |  |
| Date |  | Printed Name ofAuthorized Signature |  | Authorized Signature |