

Late Claim Exception Request Form: Circumstances beyond the Institution's Control

Instructions: Please complete, sign, and e-mail this form to Aneshia Harris, Grants Administrator at aneshia.harris@decals.ga.gov for approval prior to submitting the claim.

Agreement Number: _____

Claim Month/Year: _____

Has your institution previously requested an exception due to circumstance beyond the institution's control (e.g. natural disaster, fire, flood, vandalism of records and serious illness or injury of the person responsible for submitting the report)? If so, when?

Yes/No: _____

Date of Previous Request(s): _____

Please clearly explain the events and circumstances that prevented compliance with the claim submission requirements.

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| Date | Printed Name of Program Contact/Authorized Individual | Authorized Signature |
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For internal use only:

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| Date | DECAL Approval | Signature |
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| Date | USDA Approval | Signature |
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