

Exhibit A

Authorized Agency Representatives Form

Date: _____, 2020

Entity Name: _____

I, the undersigned Secretary/Clerk identified below do hereby certify that I am the duly elected or appointed and acting Secretary/Clerk of the above named entity, a political subdivision duly organized and existing under the laws of the State of Louisiana, that I have the title stated below, and that as of the date hereof, the individuals named below are duly elected or appointed officers of the above-named entity holding the offices set forth opposite their respective names, and are authorized to request funds on behalf of the above-named entity for the Governor's Emergency Education Relief Fund (GEERF).

_____ Name	_____ Title	_____ Digital Signature
_____ Name	_____ Title	_____ Digital Signature
_____ Name	_____ Title	_____ Digital Signature

Printed Name of Secretary/Clerk

Digital Signature of Secretary/Clerk

Official Title

Date

Electronically submit completed form to GEERF_DOA@la.gov.