

Fiscal Recovery Funds Inquiry

County _____ Date _____

Question _____ (Section one)

Identify the need and/or risk

(If more space is needed, attach a written explanation)

Identify the eligible use category as provided by the U.S. Department of Treasury
Expenditure: Detailed Level

Have you developed written policies or criteria for mitigating the identified risk/need? Yes No
Interim Final Rule Frequently Asked Questions number (if applicable)

Question Submitted by _____ Date _____

(or email to arpa@sai.ok.gov)

(Section two)

Date received by OSAI _____ Inquiry number _____

OSAI Guidance

(Section three)

* Attach this document to related expenditure(s)

Approved by the Board of County Commissioners on _____

Chairman _____

County Clerk _____