



DATE RECEIVED: _____
 MATTER ASSIGNED TO: _____

Request for Legal Assistance
DCSD Office of Legal Affairs
 ATTORNEY – CLIENT COMMUNICATION

PLEASE SUBMIT COMPLETED REQUEST FORM TO
 DCSD OFFICE OF LEGAL AFFAIRS.

*** This request is a confidential communication and should be treated as such ***

DESCRIPTION OF REQUEST

Title of Item/Topic:

Georgia Department of Education School Based Health Centers Grant

(e.g., contract review, policy matter, etc.)

Date of request: 2/7/25

Due Date: 2/10/25 *(Allow 3 to 5 business days)*

Background information/Detail: The Georgia Department of Education School Based Health Centers Grant in the amount of \$2,000,000.00 was awarded to Pine Ridge and Oakview ES to support the development of a school based health center.

PROCUREMENT DETAILS (if applicable)

Include details confirming that all applicable DCSD procurement policies and requirements have been adhered to: _____

SUPPORTING DOCUMENTATION

Please attach/include any additional supporting documentation that are relevant to your request.

Description of supporting documentation, if any Southside MOU for Pine Ridge and Oakview ES, Data from Dorville United and McNair DLA Grant application _____

REQUIRED AUTHORIZATION

Requested by: Libritta Anderson-Griffin

Email: Libritta_Anderson@dekalbschoolsga.org

Telephone: 678-676-0396

Department: Grants and Partnerships

Cabinet Member authorizing the request: _____

LEGAL APPROVAL

Approved as to form by the DCSD Office of Legal Affairs? Yes No

-OR- (check one only)

Approved as to form by Outside Legal Counsel? Yes No

*Referrals to Outside Legal Counsel must be coordinated and approved by the DCSD Legal Dept.

Approving Attorney (and law firm if Outside Counsel) 

Comments: _____