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| 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:

State Farm Grant Award

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

Date of request: 2/5/25

Due Date: 2/7/25 *(Allow 3 to 5 business days)*

Background information/Detail: State Farm awarded \$100,000 to Wrap Around & Support Services, Family Engagement, Student Advancement, and Student Mentorship & Partnerships to support their programs.

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 Grant Award Email

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) H. Eric Hilton, Esq. 

Comments: _____