



Capital Construction Project Funding Request

Requesting District	
1. District Name:	County:
Address:	
City:	State: CO Zip:
2. Contact Name:	Contact Phone: Fax:
Contact e-mail:	Date of Request:
3. Project Title:	
Awarded during Cycle:	PO Number:

Breakdown of Dollars Requested

District will pay the following:	Vendor Name:	Cost:
Vendor 1		
Vendor 2		
Vendor 3		
Vendor 4		
Vendor 5		
Vendor 6		
Vendor 7		
Total Vendor Costs:		

Note: Funds can only be requested once amounts are known. Bidding jobs is highly desirable and remember to follow all district policies.

Financial Status Report of Project ****These Four questions MUST be filled out prior to submittal****

Total Prior Billings previous line 8 Total	District Adjusted Match %	Total Grant/Contribution Amount	Grant Contingency Balance
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Financial Summary of Project

	State Grant	District Match	Total
4. Total Amount of the Contribution/Grant			
5. Amount Previously Paid/Requested to Date			
6. Amount Available before Current Request			
7. Amount of this Request			
8. Total Billings to Date			
9. Grant Contingency Balance			
9. Total Available Balance after Grant Contingency			

10. Proposed Project Dates	Start Date:	Completion Date:
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The School District certifies that the information above is true; that the funds requested are for the project for which the district received the grant; and that the vendors listed provided services or materials for the project for which the district received the grant.

Signature of Authorized Representative:	Date:
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Printed Name of Authorized Representative:	Title:
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Please return to: Ted Hughes, or Scott Newell Colorado Department of Education
 201 East Colfax Avenue, Room 508
 Denver, CO 80203

