

**District and Charter School Information**

Charter School Name: _____	
District Name: _____	County: _____
Charter School Address: _____	
City: _____	Zip: _____
Person Preparing Report for Charter School: _____	Title: _____
Charter School Contact Email Address: _____	
Charter School Phone Number: _____	Fax Number: _____

**Project Description of Capital Construction Expenditures**

 Report of **all** Capital Construction Expenditures as of **June 30, 2018**.

**ACCEPTABLE USES:** C.R.S. 22-54-124 (1)(a) "Capital Construction" means construction, demolition, remodeling, maintaining, financing, purchasing, or leasing of land, buildings, or facilities used to educate pupils enrolled in or to be enrolled in a charter school.

**NON-ACCEPTABLE USES:** On-going operational expenses including, but not limited to, custodial services and supplies, pest control services, tree trimming, mowing, and care of trees, shrubbery, lawns, sidewalks and snow removal are not eligible uses of CSCC funding. Additionally, the purchase of furnishings or equipment is not allowed, unless the items are furniture, fixtures & equipment for new space constructed in whole or in part with the capital construction funds.

If more space is required, provide description on separate sheet.

 1 Construction Description: \_\_\_\_\_ **AMOUNT EXPENDED: \$** \_\_\_\_\_

 2 Demolition Description: \_\_\_\_\_ **AMOUNT EXPENDED: \$** \_\_\_\_\_

 3 Remodeling Description: \_\_\_\_\_ **AMOUNT EXPENDED: \$** \_\_\_\_\_

 4 Maintaining Description: \_\_\_\_\_ **AMOUNT EXPENDED: \$** \_\_\_\_\_

 5 Financing Description: \_\_\_\_\_ **AMOUNT EXPENDED: \$** \_\_\_\_\_

 6 Purchasing of Land, Buildings, or Facilities Description: \_\_\_\_\_ **AMOUNT EXPENDED: \$** \_\_\_\_\_

 7 Leasing of Land, Buildings, or Facilities Description: \_\_\_\_\_ **AMOUNT EXPENDED: \$** \_\_\_\_\_

**TOTAL DOLLAR AMOUNT EXPENDED: \$** \_\_\_\_\_

**Signature of Authorized Representative Certifying Accuracy of This Information:**

Printed Name of Charter School Representative: _____	Title: _____
Signature of Charter School Representative: _____	Date: _____
Printed Name of District or Charter Institute Representative: _____	Title: _____
Signature of District or Charter Institute Representative: _____	Date: _____

 Please Return via Email to: [CSCCReporting@cde.state.co.us](mailto:CSCCReporting@cde.state.co.us)

For Questions, Contact Anna Fitzer: (303) 866-6184

