



**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:	

**Project Description of Capital Construction Expenditures**

Please report **all** Capital Construction Expenditures as of June 30, 2019, including expenditures in excess of funding provided by the program.

**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 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:	<b>Amount Expended \$</b> _____
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2 Demolition Description:	<b>Amount Expended \$</b> _____
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3 Remodeling Description:	<b>Amount Expended \$</b> _____
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4 Maintaining Description:	<b>Amount Expended \$</b> _____
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5 Financing Description:	<b>Amount Expended \$</b> _____
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6 Purchasing of Land, Buildings, or Facilities Description:	<b>Amount Expended \$</b> _____
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7 Leasing of Land, Buildings, or Facilities Description:	<b>Amount Expended \$</b> _____
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**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 Andy Stine: 303.866.6717

**By Mail to:** 1580 Logan Street, Suite 310; Denver CO 80206

Form CSCC-01

