



<b>Requesting District</b>			
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 BEST FY:		CDE Accounting PO #:	
<b>Breakdown of Dollars Requested</b>			
	Vendor Name:	Total of Invoice(s):	
Vendor 1			
Vendor 2			
Vendor 3			
Vendor 4			
Vendor 5			
Vendor 6			
Vendor 7			
Vendor 8			
Note: Fund requests can be submitted once a month. Please provide invoices from all vendors listed above. Statements and purchase orders will not be accepted.			<b>Total Vendor Costs:</b>
<b>****Please fill out the three boxes below prior to submittal****</b>			
<b><u>Grantee Adjusted Match %</u></b>	<b><u>Total Prior Billings (previous line 8 total)</u></b>	<b><u>Total Project Cost</u></b>	
<b>Financial Summary of Project</b>			
	State Grant	Grantee 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. Total Available Balance			
10. Proposed Project Dates	Start Date:	Completion Date:	
The Grantee certifies that the above information is true; that the funds requested are for the project for which the grantee received the grant; and that the vendors listed provided services or materials for the project for which the grantee received the grant.			
Printed Name of Authorized Representative:			Title:
Signature of Authorized Representative:			Date:
Return Funding Requests to: BESTSchools@cde.state.co.us and Carbon Copy (CC): Your Regional Program Manager			