

Please attach this form to the quote for the item being purchased and email both to the California Department of Education (CDE).

**California Community Schools Partnership Program
CAPITAL OUTLAY REQUEST**

Local Educational Agency (LEA) Name: _____

Grant Type: ☐ Planning ☐ Implementation **Cohort:** _____

Please use this form to request and justify capital outlay expenditures for the California Community Schools Partnership Program (CCSPP) grant.

Capital outlay is defined as any single item purchase of \$5,000.00 or more. The purchase must meet all the requirements below. Please check all that apply:

- ☐ *Directly relates to a community schools program and relates to the California Community Schools Framework (Framework);*
- ☐ *Intended to improve, enhance or expand the community schools program;*
- ☐ *"Necessary" and "reasonable" for proper and efficient administration of the community schools program;*
- ☐ *Added to the district's historical inventory system when received; and*
- ☐ *Specific to the CCSPP program – as opposed to a general expense required to carry out the agency's overall responsibilities.*

Please complete each item below:

LEA Address: _____

Program Contact Name: _____

Program Contact Phone: _____

Program Contact Email: _____

Name of Item: _____

Name of School Site Purchasing Item: _____

Total Cost of Item: _____

**Total Cost of Package
(if different from item):** _____

Description of Item:

Please email CCSPP@cde.ca.gov with questions.

September 2022

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Purpose of Purchase:

How does the Purchase support the CCSPP and Framework?