

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:** \_\_\_\_\_

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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:** \_\_\_\_\_

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**Purpose of Purchase:**

**How does the Purchase support the CCSPP and Framework?**