

Capital Construction Project Final Report

Due upon completion of project

SECTION 1: PROJECT INFORMATION

Grantee: _____
Project Title: _____
Awarded in FY: _____
CDE Accounting PO#: _____
Project Start Date: _____
Project Completion Date: _____

SECTION 2: CONTACT INFORMATION

Form Prepared By: _____ Date: _____
Address: _____
Phone: _____ Email: _____

SECTION 3: PROJECT FINANCIAL SUMMARY

Grantee's Match %: _____

	<u>Grant Amount</u>	<u>Total Requested</u>	<u>Remaining Funds</u>
BEST Grant Amount:			
Grantee's Match:			
<hr/>			
Total Project Cost:			

SECTION 4: PROJECT DATA

Please complete all applicable items.

Total Project Square Footage: _____ Cost per Square Foot: _____

Date of Occupancy (date students/staff use the building for its intended purpose): _____
Date of Substantial Completion (date the warranties begin): _____

High Performance Design Rating – LEED/CO-CHPS: _____
Date Certification Received: _____ Was the Certificate forwarded to Division staff: Yes No

Project Contact Directory Provided to Division Staff: Yes No Date: _____

Contract Directory Should Include Key Team Members such as:

- *Architect (key consultants i.e. Structural, Civil, MEP)*
- *Designer*
- *Owner's Representative*
- *General Contractor*
- *Grantee Project Contact*

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Warranty Information

All Warranties in Place? Yes No

Date Warranties Began: _____

Warranty Information Provided to Division Staff: Yes No

Date of 1 Year Warranty: _____ Date of 2 Year Warranty: _____

Was the Final Project Advertised Prior to Completion of the Grant? Yes No Date: _____

Owner Manuals (O&M) Received by Grantee? Yes No

Material Stock as Noted in Specification Received? Yes No

Insurance for New Facility: Yes No Date: _____ Facility Insured Amount: _____

SECTION 5: LESSONS LEARNED

Please list any key lessons learned from your grant project (optional):

SECTION 6: SIGNATURES

Please read: By signing below, you are confirming that no more funds will be requested for this project and acknowledge that CDE will no longer authorize any requests for funds regarding this project.

Printed Name of Authorized Representative: _____

Signature of Authorized Representative: _____ Date: _____

For Charter Schools Only

Printed Name of Charter School Representative: _____

Signature of Charter School Representative: _____ Date: _____

Please return to:

Colorado Department of Education - Office of Capital Construction

Email: BESTschools@cde.state.co.us