



Request for Funds

Colorado Charter School Institute

School Name _____

Grant _____

Request Amount _____

By signing this document, I certify to the best of my knowledge and belief that the request for funds documentation sent in this request is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award.

I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal civil or administrative penalties for fraud, false statements, false claims, or otherwise.

Authorized Representative Signature

Date

Authorized Representative Printed Name

Job Title

Name of Person Preparing Report

Phone number