

**CONNECTICUT STATE DEPARTMENT OF EDUCATION**  
**Division of Grants Management**  
**School Facilities Unit**

**INSTRUCTIONS**

**ANNUAL PROJECTION UPDATE**  
**(FORM ED046A)**

**General Information:**

Form ED046A is used by SDE for budgeting progress payments for school construction projects affected by Section 10-287i of the Connecticut General Statutes. Form ED046A must be submitted annually by October 1 for each progress payment project. Districts are strongly encouraged to submit ED046A data in the School Construction Grant Management System (SCGMS) through the Department's secure website at: [www.csde.state.ct.us](http://www.csde.state.ct.us). The superintendent or RESC director may contact Dave Skoczylas of the Office of Information Systems at (860) 713-6616 with any questions regarding the log-on and password for the secure website. The grant staff of the School Facilities Unit may be contacted at (860) 713-6480 with any questions about the log-on and password for SCGMS.

**Specific Form Instructions:**

**Upper left - State Project Number; School District; School Name**

Please complete the requested information using a separate Form ED046A for each project. (Note: This information is pre-filled in SCGMS.)

**Upper right - Project Costs Authorized by GA/SDE**

Please enter total project costs authorized by the General Assembly (GA) or SDE at the time of the project's grant commitment. (Note: This information is pre-filled on SCGMS.) If the project has not yet been authorized or if the project application has not yet been submitted, please enter "0" in this space.

**Current Estimated Project Costs**

Please enter total current estimated project costs. If current estimated project costs significantly exceed project costs authorized by GA/SDE (see above) and authorization by the GA/SDE for the excess costs has not been obtained, the district should submit Form ED049R, Notice of Change to School Construction Project, along with Form ED046A.

**Columns 1 through 4; Lines 1 through 3 - Anticipated Quarterly Project Expenditure Data**

Please complete the quarterly project expenditure data as appropriate for the project. Note that the quarters referred to in each column are fiscal quarters (i.e. Quarter 1 corresponds with July through September; Quarter 2 corresponds with October through December, etc.). The requested expenditure data are not cumulative expenditures but anticipated project expenditures for a specific quarter of a specific fiscal year.

**Certification:** The certification must be signed and dated by the Superintendent of Schools or Director of the RESC. (Note: The superintendent's sign-off code may be entered in SCGMS.)

**Form Completed By:** Please type or print the name, title and telephone number of the person who completed the form or the person we may contact regarding specific data contained on the form.