

**121/02 CALIFORNIA ENVIRONMENTAL QUALITY ACT (K-14)  
DISTRICT STATISTICS REPORT**

District/COE: San Mateo CCCD

The following cost accounting statistics will assist in the calculation of your reimbursement. Please report the required information in the spaces provided.

<b>Statistical Data</b> See Form 1.5 for more information	FISCAL YEARS						
	02-3	03-4	04-5	05-6	06-7	07-8	08-9
1. How many construction plans and authorization requests were submitted in each year?							
2. How many preliminary reports were conducted in each fiscal year?							
3. How many initial studies were made in each fiscal year?							
4. How many Environmental Impact Report drafts were prepared in each fiscal year?							
5. How many notices were distributed in each fiscal year announcing the preparation of an EIR and specifying the period for comments?							
6. How many projects for which the district provided notice by publication, posting, and/or mailing were there in each fiscal year?							
7. How many notices were mailed in each fiscal year to persons with a written request to be notified?							
8. How many notices were mailed in each fiscal year regarding circulating a negative declaration for public review?							
9. How many notices were made to the planning commission in each fiscal year?							
10. How many EIR Exemption requests were filed in each fiscal year?							
11. How many notices of completion were filed with the Office of Planning and Research in each fiscal year?							

EMPLOYEE CERTIFICATION: The State of California requires that school district personnel maintain a record of data for state mandates in order for the district to receive reimbursement. Your signature on this form certifies that you have reported actual data or have provided a good faith estimate which you "certify under penalty of perjury to be true and correct based on your personal knowledge or information". This information is used for cost accounting purposes only.

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Employee Name: (print) \_\_\_\_\_ Position or Title \_\_\_\_\_

If you have any questions, please contact Raymond Chow, at 358-6742.

PLEASE SUBMIT THIS INFORMATION BY \_\_\_\_\_; TO Suki Chang.