

**NEW HAMPSHIRE DEPARTMENT OF EDUCATION QUALIFIED ZONE ACADEMY BOND
PROGRAM APPLICATION**

School District : _____

Name of Superintendent: _____ SAU#: _____

Name of Contact Person, if Other than Superintendent: _____

Phone: _____ Fax: _____ E-Mail: _____

IDENTIFICATION

Identify Qualified Zone Academies to be established in this district and approximate amount to be spent on each.

Name or Location of School Building or Campus:	Amount:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Total Requested:
(Minimum \$50,000; Maximum \$2,500,000) _____

PROOF OF ELIGIBILITY (Check only one)

_____ The academy is located in a federally designated Empowerment Zone (Manchester only)

_____ The schools listed above where academies are to be established had at least 35% of their enrollments designated by the New Hampshire Department of Education as being eligible for free or reduced priced lunches under the National School Lunch Act in the fall prior to this application.

_____ One or more of the proposed academies do not meet either of the criteria above but the school board believes there is a reasonable expectation as of the date of issuance of the bonds or loan that if all eligible students applied the 35% minimum would be met or exceeded.

**A BRIEF RATIONALE FOR THE BOARD'S EXPECTATION MUST BE ATTACHED.
PRIVATE BUSINESS CONTRIBUTION**

_____ The LEA has written commitments from private entities to make qualified contributions having a present value as of the date of issuance of not less than 10% of the proceeds of the bond issue.

ATTACH LETTERS OF COMMITMENT OR REQUEST A FORM FROM THE OFFICE OF SCHOOL BUILDING AID FOR THIS PURPOSE.

(Letters must identify the business, relevant contact information, types of goods or services to be contributed, fair present value of the contributions and the name and signature of the person authorizing the contribution.)

LEA CONTRIBUTION

_____ The LEA has permission from its governing authority to proceed with this project.

ATTACH MINUTES FROM SCHOOL DISTRICT MEETING OR OTHER EVIDENCE OF APPROVAL OR

REQUEST A FORM FROM THE OFFICE OF SCHOOL BUILDING AID FOR THIS PURPOSE.

CHARACTERISTICS OF THE PROGRAM (Check all)

_____ The public schools (or academic program within a public school) are established by and operated under the supervision of an LEA.

_____ Such program is designed in cooperation with business to enhance the academic curriculum, increase graduation and employment rate and better prepare students for the rigors of collect and the increasingly complex workforce.

_____ Students in the academy are subject to the same academic standards and assessments as other students educated by the local school system.

_____ The comprehensive education plan of the school or program is approved by the LEA.

USE OF BOND OR LOAN PROCEEDS

- _____ The proceeds of QZABS will be used for one or more of the following purposes:
- Rehabilitating or repairing the public school facility in which the academy is established.
 - Providing equipment for use at such academy.
 - Providing instructional materials.
 - Providing teacher professional development.

A COMPREHENSIVE NARRATIVE DESCRIPTION OF THE SPECIFIC ACTIVITIES TO BE UNDERTAKEN MUST BE ATTACHED ALONG WITH A BUDGET IDENTIFYING ALL SOURCES OF FUNDS (LEA, STATE, BUSINESS CONTRIBUTIONS, ETC.) TO BE UTILIZED IN THE ENTIRE PROJECT AS DESCRIBED IN THE NARRATIVE.

We certify under penalty of perjury that to the best of our knowledge the information in this application including all attachments is true and correct and is in compliance with the statutes regarding QZABS and the statutes and administrative provisions of the New Hampshire Department of Education.

Name of School Board Chairperson: _____

Signature: _____

Signature of Superintendent: _____

For technical assistance with the application contact:

Edward R. Murdough, P.E., Administrator
Division of Program Support
NH Department of Education
101 Pleasant Street
Concord, NH 03301
Phone: 271-2037

When complete, submit one copy of the completed application and attachments to the above by mail, e-mail or FAX.

E-Mail: emurdough@ed.state.nh.us
FAX: (603) 271-7530