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 and Location of School: Amount:

1. ___________________________ ______________________________

2. ___________________________ ______________________________

3. ___________________________ ______________________________

4. ___________________________ ______________________________

Total Requested: ________________
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.

(Enclose letters of commitment. 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.

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 college and the increasingly complex workforce.

____ The 10 percent match partner will help to set up an academic program (academy) to prepare students for college or workforce, as required by the QZAB legislation. This academy program should specify how many students will be trained in which academic areas using what resources, when the program will be implemented, who will direct the implementation and evaluation, and how the evaluation (pre- and post-tests) will be accomplished.
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 rehabilitating or repairing the public school facility in which the academy is established. The prevailing wage rates and administrative requirements of the Davis-Bacon Act apply to this project.

A COMPREHENSIVE NARRATIVE DESCRIPTION OF THE SPECIFIC ACTIVITIES TO BE UNDERTAKEN MUST BE ATTACHED ALONG WITH A BUDGET INDENTIFYING 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  
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: 271-8709