

Oregon School Capital Improvement Match (OSCIM) Grant Application

225 Capitol Street NE
Salem, OR 97310-0203
Phone: (503) 947-5600

For program information and application instructions, see
<http://www.ode.state.or.us/search/results?id=398>

APPLICANT INFORMATION

(Information is required in all fields)

1. School District:

2. School District ID:

3. Anticipated local bond election date:

4. Anticipated bond-supported project(s):

5. Anticipated bond amount:

6. Anticipated month/year of district's
matching bond sale:

POINT OF CONTACT FOR APPLICATION

7. First Name:

8. Last Name:

9. Title:

10. Department:

11. Phone:

12. E-mail:

PERSON AUTHORIZED TO SIGN CONTRACTS ON BEHALF OF DISTRICT

13. First Name:

14. Last Name:

15. Title:

16. Department:

17. Phone:

18. E-mail:

SUBMISSION OF REQUIRED DOCUMENTS

19. Confirm File Transfer Protocol (FTP) of (not required for 2015-17): ☐ Facilities Assessment ☐ Long-Term Facilities Plan

20. **Submit additional documents that demonstrate the District's commitment to hold a bond election**
(e.g. board and/or community meeting minutes, resolutions, recent task force reports, etc.).

APPLICANT CERTIFICATION

By submitting this application, the authorized person for the District identified in sections 13 & 14 above:

- (1) certifies that the District will sell their bonds within six months of bond measure passage;
- (2) has the authority to provide matching funds from bond sale proceeds should voter approval be forthcoming;
- (3) has the authority to apply for grant funds;
- (4) certifies that matching funds will be made available for the proposed project should voter approval be forthcoming;
- (5) understands that this project will be subject to all applicable federal, state or local laws regarding contracting, auditing, and payment;
- (6) understands a grant agreement must be executed prior to approval and fund allocation;
- (7) agrees to update the data in the Oregon Department of Education (ODE) Facilities database as a condition of approval and receipt of funds; and
- (8) certifies that the information provided in the District's application is accurate.

APPLICANT SIGNATURE

By submitting this application, I, (enter name & title)

represent and warrant that I am the person identified as the District Authorized Person. In this application, I have full right and authority to submit this Application on behalf of the District, to make the representations contained in the Application and to legally bind the District to the terms and conditions set forth in this Application. It is the responsibility of the District to ensure that this Application and any accompanying materials are actually received by the Oregon Department of Education. ODE is not responsible for any delay or errors in submission of an Application due to internet, software compatibility or other problems that may prevent or delay receipt of an accurate, complete and readable Application by ODE, including any accompanying materials, on the date it is first submitted.