

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

Oregon School Technical Assistance Grant Application – **SEISMIC ASSESSMENT**

For program information and application instructions, see http://www.oregon.gov/ode/schools-and-districts/grants/Pages/Office-of-School-Facilities.aspx

(Information is required in all fields)

APPLICANT INFORMATION

1. School District:

2.	School District ID:				
3.	2015-2016 ADMr as reported to ODE:				
4.	Poverty rate for district (2015-16 poverty student #/2015-16 ADMr):				
5.	Has District conducted an assessment for Seismic Rehabilitation Grant Program (SRGP)?	O Y	es C	No	
6.	 % of buildings that meet the following criteria: a. Built in 1995 or earlier; and b. The building's final type is URM, PC1, PC2, or C1; or has a type of vertical irregularity listed as "soft story." c. If DOGAMI RVS data separates the building into different sub-buildings and any one of those sub-buildings meets the criteria in (a) and (b), then the whole building will qualify for inclusion in the 50% minimum. d. Districts that have buildings built before 1995 not listed in the RVS data may count those buildings toward the 50% minimum as if they meet the criteria in (a) and (b). RVS data on DOGAMI website: (http://www.oregongeology.org/sub/projects/rvs/county/county-sites.htm) 				
7.	Is your district central office's Mapped Spectral Acceleration greater than or equal to 0.6? (please see instructions for further details)	O Y	es C	No No	
POINT OF CONTACT FOR APPLICATION					
8.	First Name:			9. Last Name:	
10	Title:			11. Department:	
12	Phone:			13. E-mail:	
PE	RSON AUTHORIZED TO SIGN CONTRACTS ON BEHALF C	OF DIST	RICT		
14	First Name:			15. Last Name:	
16	Title:			17. Department:	
18	Phone:			19. E-mail:	



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APPLICANT CERTIFICATION

By submitting this application, the authorized person for the District identified in sections 14 & 15 above:

- 1) understands the district will receive reimbursement for the seismic assessment, not to exceed \$25,000 as stated in ORS 326.125;
- 2) has the authority to apply for grant funds;
- 3) will provide the Oregon Department of Education (ODE) a copy of the final plan; per OAR 581-027-0030(20);
- 4) understands that this project will be subject to all applicable federal, state or local laws regarding contracting, auditing, and payment;
- 5) understands a grant agreement must be executed prior to approval and fund disbursement;
- 6) agrees to update the data in the ODE Facilities database as a condition of the grant agreement; and
- 7) 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	ght 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 Applicatio	n and any
accompanying materials are actually received by the Oregon Department of Education. ODE is not responsible for any d	lelay or errors in
submission of an Application due to internet, software compatibility or other problems that may prevent or delay receipt	pt of an accurate,
complete and readable Application by ODE, including any accompanying materials, on the date it is first submitted.	