



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

Oregon School Technical Assistance Grant Application – **FACILITIES 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. Last time District conducted a facilities assessment:
6. Last time District passed a general obligation bond:
7. What percentage has District's ADMr changed from
2010-11 to 2015-16:

POINT OF CONTACT FOR APPLICATION

- | | |
|-------------------------------------|--------------------------------------|
| 8. First Name: <input type="text"/> | 9. Last Name: <input type="text"/> |
| 10. Title: <input type="text"/> | 11. Department: <input type="text"/> |
| 12. Phone: <input type="text"/> | 13. E-mail: <input type="text"/> |

PERSON AUTHORIZED TO SIGN CONTRACTS ON BEHALF OF DISTRICT

- | | |
|--------------------------------------|--------------------------------------|
| 14. First Name: <input type="text"/> | 15. Last Name: <input type="text"/> |
| 16. Title: <input type="text"/> | 17. Department: <input type="text"/> |
| 18. Phone: <input type="text"/> | 19. E-mail: <input type="text"/> |

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 facilities assessment, not to exceed \$20,000 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 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.