



Montana
Office of Public Instruction
 Denise Juneau, State Superintendent

opi.mt.gov

**QUALIFIED ZONE ACADEMY
 BOND PROGRAM ALLOCATION
 REQUEST APPLICATION**

CERTIFICATION OF ELIGIBILITY

Completed applications must be received by the Montana Office of Public Instruction in order to be considered. Districts will be informed of any approved Qualified Zone Academy Bond (QZAB) allocation requests.

The Governing Board of the enclosed school district certifies that the named applicant satisfies Criterion 1 (either a or b) and Criteria 2 - 4 inclusive, with the appropriate boxes checked.

District Name	Contact Person
Address	Title
City State ZIP	Telephone
Date of Submission	E-Mail
Date the district received voter approval to issue bonds	If election not yet held, when is the anticipated election date?
Financial Advisor Firm and Contact Person	Bond Counsel Firm and Contact Person

Criterion 1: Qualified by virtue of location or composition of student body

- a) **Location**
 The applicant is located in the Fort Peck Assiniboine and Sioux Tribe Enterprise Community located within Roosevelt County, Valley County and the Fort Peck Indian Reservation.
- OR**
- b) **Composition**
 That at the time of application, and with the reasonable expectation as of the date of issuance, that at least 35 percent of the students attending the named applicant and participating in the program will be eligible for free or reduced-price lunches established under the National School Lunch Act.

Criterion 2: Qualified by virtue of private business contribution(s)

- The eligible district has written commitments (must be included with this application) from:
- (a) Private entity(ies) that will make qualified contributions having a present value as of the date of issuance of not less than 10 percent of the proceeds of the issue, including such items as:
- Equipment for use in the academy including state-of-the art technology and vocational equipment,
 - Technical assistance in developing curriculum, or training teachers and professional staff to promote appropriate market-driven technology in the classroom,
 - Volunteer mentors and mentorships,
 - Internships, field trips, or other educational opportunities outside the academy for students, and/or
 - Any other property or service specified by, and acceptable, to the eligible local education agency.
 - Please note that the school district must have written verification on file at the school district main office before any QZAB can be issued.
 - 10 percent match letter **MUST** be included with this application to OPI. Match contribution must be at reasonable fair market value and relevant to the QZAB academy. Discounts are not acceptable.

Criterion 3: Qualified by virtue of characteristics of the program



The public school, district or academic program within a public school is established by and operated under the supervision of an eligible local education agency (as defined in Section 14101 of the Elementary and Secondary Education Act of 1965) to provide education or training below: the postsecondary level; and, such school or program is designed in cooperation with business to enhance the academic curriculum, increase graduation and employment rates, and better prepare students for the rigors of college and an increasingly complex workforce; and, students in the academy are subject to the same academic standards and assessments as other students educated by the local school system; and, the comprehensive education plan of the school or program is approved by the Office of Public Instruction.

Criterion 4: Qualified by virtue of use of proceeds



For purposes of the application, the proceeds of the QZABs can be used for:

- Rehabilitating or repairing the public school facility in which the academy is established,
- Providing equipment for use at such academy,
- Providing instructional materials, and
- Providing teacher professional development.

AMOUNT OF AUTHORIZATION REQUESTED

\$ _____
Amount of QZAB Request

\$ _____
Amount of Remaining Debt Capacity (Before QZAB Request)

I certify that this project will be administered in compliance with the criteria contained in this application, with state and federal laws and regulations applicable to the use of any QZAB proceeds. I certify that the information in this application is accurate and complete to the best of my knowledge, and that the Governing Board of the above named applicant has authorized me to sign this application on its behalf.

Signature
Designated Contact Person

Signature
Superintendent
Principal (if there is no Superintendent)
County Superintendent (if there is no Superintendent or Principal)

Mail Application and 10 percent match letter To:

Kathleen Wanner
School Finance Specialist
Montana Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

Contact Information:

Telephone: (406) 444-9852
E-mail: kwanner@mt.gov
Fax: (406) 444-0509

Montana Office of Public Instruction Use Only

Request for allocation of Qualified Zone Academy Bonds approved this _____ day of _____, 20____, in the amount of \$_____.

Request approved by _____.