

Arizona Department of Education

1535 W Jefferson St.
Phoenix, AZ 85007
(602) 542-5393

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**QUALIFIED ZONE ACADEMY BOND (QZAB) PROGRAM
ALLOCATION REQUEST APPLICATION**

District Name:	Phone:		
Superintendent:	Address:		
Contact Person:	State	Zip:	Telephone:
Email:	<i>*Please include two copies of this application; one original signed and one copy.*</i>		
Allocation Request Amount:	Date of Submission:		

Certification of Eligibility

*The Governing Board of the above named school district/education service district certifies **through a board resolution** that the applicant school district satisfies Criterion 1 (either a or b), and criteria 2-4 (check appropriate boxes). The aforementioned board resolution **must be attached** for the application to be considered.*

Please check all that are applicable.

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

a) Location

The school district is located in an Empowerment Zone or an Enterprise Community.

OR

b) Composition of Student Body

There is a reasonable expectation as of the date of issuance of the bonds that at least 35% of the students attending the school or participating in the program will be eligible for free or reduced-cost lunches established under the National School Lunch Act.

Current NLSA%

Anticipated NLSA%

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

The eligible district has written commitments 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% 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 mentorship's.
- Internships, field trips, or other educational opportunities outside the academy for students.

Any other property or service specified by, and acceptable to, the eligible local education agency. Contributions that require some payment or "set-up" fee, or other pay-to-play arrangement are **NOT** acceptable. Match contribution must be at reasonable fair market value and relevant to the QZAB academy. Discounts are not acceptable.

Written verification from private entity(ies) and a description of the planned business partnership and its expected benefits **are attached to the application.**

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 post- secondary level.

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 the increasingly complex workforce.

The comprehensive education plan of the school or program is approved by the local education agency. This comprehensive plan 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.

Criterion 4: Qualified by virtue of use of bond proceeds:

For the purposes of the application, the proceeds of 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.
- Providing teacher professional development.

Written spending plan is attached to the application

Authorization Request

\$ _____ Amount of Bond Authorization Requested

(Please do not request more than you can reasonably expect to repay or qualify for through a financial institution.)

\$ _____ Minimum Amount District Will Accept

I certify that to the best of my knowledge the information in this request application is true and correct and is in compliance with statutes and administrative provisions of the Arizona Department of Education. The Governing Board of the above named school district has authorized me to sign this application on its behalf.

Signature of District Superintendent or Designee

Title

Date

Return Application To: Kristian Fasching
Arizona Department of Education
1535 W Jefferson St., Bin #2
Phoenix, AZ 85007

Contact Information: Telephone: (602) 364-1012
E-mail: Kristian.Fasching@azed.gov