

Final Filing Date: __/__/____  Applicants must submit complete applications on or before this filing deadline to receive full payments. See the instructions for further information.	<b>U.S. Department of Education</b> <b>Impact Aid Program</b> <b>Washington, DC. 20202-6244</b>  <b>APPLICATION FOR IMPACT AID - SECTION 8003</b>  Submit an original to the Impact Aid Program. Send 1 copy to the State Educational Agency(SEA) using the attached transmittal form.	Form Approved: -OMB no. 1810-NEW -Expiration date: __/__/____	
MEMBERSHIP SURVEY DATE First (Required) : Second (Optional) :	SURVEY FORMS : <input type="checkbox"/> SOURCE CHECK : <input type="checkbox"/>	ORIGINAL APPLICATION : <input type="checkbox"/> AMENDMENT : <input type="checkbox"/>	IMPACT AID # : PR/AWARD # : DUNS # :
APPLICANT NAME : STREET/P.O. BOX : CITY : COUNTY : STATE & ZIP :	CONTACT PERSON NAME : TITLE : PHONE : FAX : E-MAIL:		
<input type="checkbox"/> CHECK TO APPLY FOR FUNDING UNDER SECTION 8003(b)(2) FOR HEAVILY IMPACTED LEAs. (If you check this box, the Impact Aid Program will contact you to request additional information.)			
GRADE SPAN MAINTAINED		LEGAL CLASSIFICATION (If different from grade span)	
I certify that I have read the statements contained in this application and that these statements and all of the data included in this application are, to the best of my knowledge and belief, true, complete, and correct. I certify that I am authorized to make the representations and commitments in this application, for and on behalf of the applicant and otherwise to act as the applicant's authorized representative in submitting this application for funding under section 8003 of the Impact Aid Program (Title VIII of the Elementary and Secondary Education Act). I declare that the applicant will mail a complete copy of this application to the SEA at the same time that it mails this application to the U.S. Department of Education.			
NAME AND TITLE OF AUTHORIZED REPRESENTATIVE (Please type or print.)		SIGNATURE	DATE

OMB No.1810-NEW Exp. / /

**IMPACT AID PROGRAM ASSURANCES AND CERTIFICATIONS**

**Applicant Name:**

**Impact Aid Number:**

**School Year:**

The local educational agency (LEA) hereby declares that it has filed the following assurances and certifications covering the Impact Aid Program (Title VIII of the Elementary and Secondary Education Act(ESEA)) with the U.S. Department of Education, and, as of the date of the signature below, reaffirms and incorporates by reference those assurances and certifications in this Impact Aid application.\* The LEA certifies that no circumstances affecting the validity of the following assurances have changed since their previous filing:

- As applicable, the assurances in OMB Standard Form 424B (Assurances for Non-Construction Programs), relating to legal authority to apply for assistance; access to records; conflict of interest; merit systems; nondiscrimination; Hatch Act provisions; labor standards; flood insurance; environmental standards; wild and scenic river systems; historic preservation; protection of human subjects; animal welfare; lead-based paint; Single Audit Act; and general agreement to comply with all Federal laws, executive orders and regulations;
- The certification regarding lobbying in ED Form 80-0013; and
- With respect to the Certification Regarding Lobbying, the LEA recertifies that no Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of Congress, or an employee of a Member of Congress in connection with the making or renewal of Federal grants under this program; that the LEA will complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," when required (34 CFR Part 82, Appendix B); and that the LEA will require the full certification, as set forth in 34 CFR Part 82, Appendix A, in the award documents for all subawards at all tiers.

The LEA further assures that:

- It is a local educational agency that was created and authorized to operate schools, has administrative control and direction of free public education in the school districts, and that it may legally accept and disburse Federal funds to aid in financing its expenditures;
- It will comply with all applicable statutes, regulations, and requirements concerning this grant, including requirements of the Impact Aid law (Title VIII of the ESEA), the program regulations (34 CFR Part 222), and program administrative requirements;
- It will use fiscal control and fund accounting procedures that will ensure proper disbursement of, and accounting for any Impact Aid payments received for federally connected children with disabilities claimed on Tables 1 and 2, and will use those funds to provide a free appropriate public education to those children in accordance with the Individuals with Disabilities Education Act (IDEA)(20 U.S.C., 1400 et seq.). The special education programs provided to the children with disabilities claimed in this application conform to the policies, procedures and requirements of the (IDEA);
- For any children claimed who reside on eligible Indian lands, policies and procedures have been established as required by section 8004 of the Impact Aid law, and have been adequately disseminated to the tribes and parents of children residing on eligible Indian lands. A copy of the current policies and procedures or a waiver statement from the local Indian tribe(s) is attached (see instructions for further information); and
- It is hereby advised that, under section 8011 of the Impact Aid law, it is entitled to request an administrative hearing on, and/or review or reconsideration of, any action of the Department under the Impact Aid law that adversely affects or aggrieves the applicant; any such requests are governed by the regulations in 34 CFR Part 222, Subpart J, except for requests for hearings concerning Indian policies and procedures, tribal complaints, and withholdings that are governed by the regulations at 34 CFR Part 222, Subpart G. Any request for a hearing, review or reconsideration under 34 CFR Part 222, Subpart J, must be made in writing and submitted within 60 calendar days from the date of the applicant's notice (receipt) of the adverse action to: Director, Impact Aid Program, United States Department of Education, 400 Maryland Ave., SW, Washington, D.C. 20202-6244.

\*If the applicant is applying for Impact Aid assistance for the first time, the applicant also must file with the Impact Aid Program by the deadline for filing this application the following assurances and certification that it can obtain from the IAP: OMB Standard Form 424B (Assurances for Non-Construction Programs) and ED Form 80-0013 (certification regarding lobbying).

Name and Title of Authorized Representative	Signature	Date

OMB No.1810-NEW Exp. \_/ \_/ \_

**Application For Impact Aid Section 8003 - Table 1**

**Applicant Name:**

**Impact Aid Number:**

**School Year:**

**Table 1: Children with disabilities who: (1) Reside on eligible federal property and have a parent on active duty in the uniformed services of the United States; or (2) Reside on eligible federal property with a parent who is both an accredited foreign government official and a foreign military officer; or (3) Reside on eligible Indian lands (Include only children enrolled in State-approved special education programs on this table. Exclude these children from Tables 2,3,4, and 5.)**

**Table 1-1. Federal Property on which children with disabilities reside**

Property Code Number (1)	Official Name, Address, City, State (2)	Property Type (3)	Number of children on survey date (4)
<b>Table 1-1 Total =&gt;</b>			

**Table 1-2. Children with disabilities**

Property Code Number (4)	Children with disabilities (5)	Number of children on survey date (6)
	With a parent on active duty in the uniformed services of the United States	
	With a parent who is both an accredited foreign government official and a foreign military officer	
	Residing on eligible Indian lands	
Table 1-2 Total ->		

**Note: Table 1-1 Total and Table 1-2 Total must be the same. Table 1-2 is a summary of all children on Table 1-1.**

Properties listed on this page were claimed in the LEA's prior year application. An LEA may add any property it believes is eligible, without a property code number. However, it must indicate the specific location of each parcel of claimed property (i.e., the official name, street address, city, and state).

OMB No.1810-NEW Exp. \_/ \_/ \_---

**Application For Impact Aid Section 8003 - Table 2**

**Applicant Name:**

**Impact Aid Number:**

**School Year:**

**Table 2: Children with disabilities who DO NOT RESIDE ON FEDERAL PROPERTY BUT: (1) Have a parent on active duty in the uniformed services of the United States; or (2) Have a parent who is both an accredited foreign government official and a foreign military officer**  
 (Include only children enrolled in state-approved special education programs on this table. Exclude these children from Tables 1,3,4, and 5.)

Property Code Number (1)	Children with disabilities (2)	Number of children on survey date (3)
	With a parent on active duty in the uniformed services of the United States	
	With a parent who is both an accredited foreign government official and a foreign military officer	
Table 2 Total =>		

OMB No.1810-NEW Exp. \_/ \_/ \_---

**Application For Impact Aid Section 8003 - Table 3**

<b>Applicant Name:</b>	<b>Impact Aid Number:</b>	<b>School Year:</b>
------------------------	---------------------------	---------------------

**Table 3: Children who: (1) Reside on federal property with a parent employed on eligible federal property located at least partly within the school district; or (2) Reside on eligible federal property and have a parent on active duty in the uniformed services of the United States; or (3) Reside on eligible federal property and have a parent who is both an accredited foreign government official and a foreign military officer; or (4) Reside on eligible Indian lands (no parental employment required) (Do not include children reported on Tables 1.)**

Federal Property on which children reside		Federal Property on which parents are employed		Number of children on survey date (5)
Property Code Number (1)	Official Name, Address, City, State (2)	Property Code Number (3)	Official Name, Address, City, State (4)	

Table 3 Total =>

**Properties listed on this page were claimed in the LEA's prior year application. An LEA may add property it believes is eligible, without a property code number. However, it must indicate the specific location of each parcel of claimed property (i.e., the official name, street address, city and state).**

OMB No.1810-NEW Exp. \_/ \_/ \_ \_ \_ \_

**Application For Impact Aid Section 8003 - Table 4**

**Applicant Name:**

**Impact Aid Number:**

**School Year:**

**Table 4. Children who reside on eligible federal property but whose parents are not employed on federal property**  
 (Children residing on eligible Indian lands should be reported on Table 3.)

Federal Property on which children reside		Number of children on survey date  (3)
Property Code Number  (1)	Official Name, Address, City, State  (2)	
Table 4 Total =>		

**Properties listed on this page were claimed in the LEA's prior year application. An LEA may add property it believes is eligible, without a property code number. However, it must indicate the specific location of each parcel of claimed property (i.e., the official name, street address, city and state).**

OMB No.1810-NEW Exp. \_/ \_/ \_ \_ \_ \_

**Application For Impact Aid Section 8003 - Table 5**

**Applicant Name:**

**Impact Aid Number:**

**School Year:**

**Table 5. Children who do not reside on federal property but: (1) Reside with a parent employed on federal property; or (2) Have a parent on active duty in the uniformed services of the United States; or (3) Have a parent who is both an accredited foreign government official and a foreign military officer**  
 (Do not include children reported on Table 2.)

Federal Property on which parents are employed		Number of children on survey date
Property Code Number	Official Name, Address, City, State	
(1)	(2)	(3)
Table 5 Total =>		

**Properties listed on this page were claimed in the LEA's prior year application. An LEA may add property it believes is eligible, without a property code number. However, it must indicate the specific location of each parcel of claimed property (i.e., the official name, street address, city and state).**



OMB No.1810-NEW Exp. \_/ \_/ \_---

**Table 6. Membership and Average Daily Attendance Data****Applicant Name:****Impact Aid Number:****School Year:**

	Preceding Year	Current Year
1. Membership - Number of children enrolled in the preceding school year and the current school year on the respective survey date:		
(A) In schools of the applicant's district (Do not include tuition-out children.)	1.(A)	
(B) For whom tuition is received (Tuition-in)	1.(B)	
(C) Subtotal [Line 1.(A) minus Line 1.(B)]	1.(C)	
(D) For whom tuition was paid (Tuition-out)	1.(D)	
(E) Total for whom the applicant school district provided free public elementary or secondary education [Line 1.(C) plus Line 1.(D)]	1.(E)	
2. Average daily attendance (ADA) for the preceding school year: (ADA is defined by section 14101(1) of the Elementary and Secondary Education Act as the aggregate number of days in attendance of all students during a school year divided by the number of days school is in session during that year.)		
(A) Preceding regular school year ADA of children reported on Line 1.(E) of this table This line includes tuition-out children and excludes tuition-in children. (Do not include summer school ADA on this line.)	2.(A)	
(B) Hours of summer school attendance for the preceding school year	2.(B)	
(C) Number of days in the regular school year	2.(C)	
3. Total federally connected children claimed for the current year ( _ _ _ _ - _ _ _ _ ) from Tables 1 through 5.	3.	
Percentage [Line 3 divided by Line 1.(E) Current Year]		%

OMB No.1810-NEW Exp. \_/ \_/ \_---

**Table 7. Fiscal Report on expenditures of additional funds provided for children with disabilities****Applicant Name:****Impact Aid Number:****School Year:**

Fiscal report for applicants claiming children on Tables 1 and 2 of the applicant's preceding fiscal year's application.

Item	Applicant's preceding fiscal year actual amount
<b>1. Total Additional expenditures of all children with disabilities</b> Such expenditures may include facilities modification costs (e.g., ramps and accessible rest rooms), additional administrative costs, assessment costs, counselors or social workers, special teachers, aides and other staff, transportation, homebound programs and hospital programs. <b>(Do not</b> include expenditures for gifted and talented children or the regular education programs for children with disabilities.)	\$
<b>2. Total State aid for all current operating expenditures for elementary and secondary education purposes</b> (Include State aid for State-approved education programs for children with disabilities.)	\$
<b>3. Total State aid for children with disabilities</b> <b>(Do not</b> include State aid for gifted and talented children.)	\$
<b>4. Total funds for Part B of the Individuals with Disabilities Education Act (IDEA, USC 1400 et seq.)</b>	\$
<b>5. Other sources of aid received for children with disabilities</b> (Medicaid, etc.)	\$
<b>6. Total membership enrolled in State-approved education programs for all children with disabilities</b> (Include all children, both federally connected and non-federally connected, with current signed individualized education programs (IEPs) in effect <b>on the IDEA Count Date</b> . <b>Do not</b> include gifted and talented children.)	\$

ED use	TCE
only:	LCR

OMB No.1810-NEW Exp. \_/ \_/ \_---

**Table 8. Children who attend schools owned by the U.S. Department of Education**

<b>Applicant Name:</b>	<b>Impact Aid Number:</b>	<b>School Year:</b>
------------------------	---------------------------	---------------------

**Report on this table children of members of the U.S. uniformed services included in Tables 1, 2, 3 and 5 who were attending school on the survey date in a school building owned by the U.S. Department of Education. Student counts from this table will be used in the calculations of payments under section 8007(a), Formula Construction payments.**

(Col. 1) Name of School Building Owned by the U.S. Department of Education	(Col. 2) Total Number of Children Enrolled in This Building on Survey Date on Cover Page	(Col. 3) Number of U.S. Uniformed Services Children Reported on Table 1 or 3 Who Attended This School on Survey Date	(Col. 4) Number of U.S. Uniformed Services Children Reported on Table 2 or 5 Who Attended This School on Survey Date

OMB No.1810-NEW Exp. \_/ \_/ \_---

**Table 9. Military installation housing units undergoing renovation or rebuilding**

<b>Applicant Name:</b>	<b>Impact Aid Number:</b>	<b>School Year:</b>
------------------------	---------------------------	---------------------

Include the housing units undergoing renovation or rebuilding on impact aid survey date shown on the cover page of this application. For each unit, list the specific address or quarters number, the number of school aged children expected to reside in housing unit, the date the housing unit was vacated or demolished, and, if applicable, the date funds became available for rebuilding the demolished housing. Documentation of the availability of funding must be provided for housing being rebuilt.

(Col. 1) Specific Addresses or Quarters Numbers for the Housing Undergoing Renovation or Rebuilding	(Col. 2) No. of School-aged Children Expected to Reside in This Housing When Renovation or Rebuilding is Complete	(Col. 3) Date Unit Vacated or Demolished	(Col. 4) If Unit Demolished, Date Funds Became Available for Rebuilding (Provide Documentation)

Name of Military Installation

Base Housing Occupancy Rate: %

I hereby certify that the above information is accurate and complete to the best of knowledge and the total number of children reported would have resided in the on-base housing listed above except that the housing was undergoing renovation or rebuilding on the Impact Aid survey date.

Signature	Date	Name and Title of Military Housing Official	Telephone Number

OMB No.1810-NEW Exp. \_/ \_/ \_----

**Table 10. Section 8007 (Construction)****Applicant Name:****Impact Aid Number:****School Year:****Table 10 - a. Fiscal Report on Expenditures of All Construction-Related Funds and Accounts**

Fiscal report for applicants that received section 8007 funds in the previous year. These funds must be used for construction-related activities. Typically these funds are deposited in either a capital fund, building fund, or a debt service fund account.

Item	Applicant's preceding fiscal year ( 2005 - 2006 )
1. Opening Balance for All Construction-Related Funds or Accounts	1. \$
2. Section 8007 Receipts	2. \$
3. Other Receipts	3. \$
4. Transfers In	4. \$
5. Transfers Out	5. \$
6. Non-Construction-Related Expenditures (See Instructions)	6. \$
7. Total Expenditures for construction or renovation, including: the preparation of drawings and specifications for school facilities, erecting, building, acquiring, altering, remodeling, repairing, or extending school facilities, and inspecting and supervising the construction of school facilities	7. \$
8. Total Expenditures for Debt Service	8. \$
9. Closing Balance for all Construction-Related Funds or Accounts	9. \$

**Table 10 - b. Report on Condition of Facilities**

Please rate the overall condition of your LEA's facilities. Refer to the rating scale shown below and circle one.

Overall condition refers to both physical condition and the ability of the buildings to meet the functional requirements of instructional programs.

**Rating Scale**

Excellent : New or easily restorable to "like new" condition: only minimal routine maintenance required.

Good : Only routine maintenance or minor repair required.

Adequate : Some preventive maintenance and/or corrective repair required.

Fair : Fails to meet code and functional requirement in some cases; failure(s) are inconvenient; extensive corrective maintenance and repair required.

Poor : Consistent substandard performance; failure(s) are disruptive and costly; fail most code and functional requirements; require constant attention, renovation, or replacement.

Replace : Non-operational or significantly substandard performance. Replacement required.

OMB No.1810-NEW Exp. \_/ \_/ \_ \_ \_ \_

**Table 11. Housing on Indian Lands undergoing renovation or rebuilding**

<b>Applicant Name:</b>	<b>Impact Aid Number:</b>	<b>School Year:</b>
------------------------	---------------------------	---------------------

List of housing located on Indian lands undergoing renovation on Impact Aid survey date shown on the cover page of this application by name, address, and type and identify the number of school-aged children associated with this housing.

(Col. 1) Name (and Number, if Applicable) of Housing Development or Project Undergoing Renovation or Rebuilding	(Col. 2) Specific Address or Legal Description for Each House or Unit Undergoing Renovation or Rebuilding	(Col. 3) Type of Indian Lands Where Housing is Located(Trust, Restricted, ANCSA, or Other Eligible Indian Lands)	(Col. 4) Number of School-aged Children Who Last Resided in This Housing

**Certification by Housing or Tribal Official:** I hereby certify that the information reported above is accurate and that the number of children listed in column 4 would have resided in this housing on Indian lands except that the housing was undergoing renovation or rebuilding on the survey date.

Signature	Date	Name and Title of Housing or Tribal Official	Telephone Number

**Certification by Bureau of Indian Affairs or Tribal Official:** I hereby certify that I have reviewed official records and have verified that this housing is located on Indian Lands as defined in sections 8013(5)(A)(ii) and 8013(7) of the Impact Aid Law. (See the application instructions for definitions.)

Signature	Date	Name and Title of BIA or Tribal Official	Telephone Number