QUALIFIED SCHOOL CONSTRUCTION BONDS

ALLOCATION REQUEST APPLICATION

James R. Wells, Deputy Superintendent
Nevada Department of Education
700 East Fifth Street Ste. 104
Carson City, NV 89701
(775) 687-9175

Requesting Entity Information (School District or Charter School): District Name:	Date of this Request: / / Superintendent of Schools (District) or Administrator (Charter School):
Contact Person: Title of Contact Person: Address:	***Please submit one original and one copy.***
City: Telephone: ( ) - ext.	
State: Zip: Fax: ( ) -	

Attach the following for Review of your application:

1) **Description of Project:**
   a) **Location, School, Building, Other project site descriptive information;**
   b) **Work proposed to be done (please identify construction versus rehabilitation);**
   c) **Date work could be commenced;**
   d) **Describe energy efficiency measures to be included in the project**

2) **Review and agree to the assurances included**

Amount of Bond Allocations Requested:

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

Superintendent

Signature of Superintendent or Designee | Title | Date

DOE USE ONLY

Request for Allocation of Qualified Zone Academy Bonds Approved this _____day of _____ , 200_.

Request approved by Title