

OHIO SCHOOL FACILITIES COMMISSION
Emergency Assistance Program
APPLICATION FORM

School District Name: _____

School District Address: _____

County: _____

Superintendent Name: _____

Superintendent Phone: (____) _____ Fax: (____) _____

Superintendent E-Mail: _____

Please describe the Act of God that caused the damage to the facility. Provide an explanation of the need for the emergency project due to the Act of God. Give a general overview of the emergency project including the number of buildings involved and the number of students affected (please attach description).

What is the estimated cost to repair the damage? \$ _____ *(Please attach a copy of a written estimate from a licensed architect, engineer or contractor of the cost to replace the damaged facilities)*

Specify the date the damage occurred: _____

Specify the amount of your request: \$ _____

If your district is insured for the occurrence, please state the deductible amount and limit of coverage.

Deductible \$ _____ Limit \$ _____

Contact Person:

Name

Position

Phone: (____) _____

Fax: (____) _____

To the best of his/her knowledge and belief, the undersigned certifies the truth and accuracy of the information provided in this Application Form.

Superintendent

Date

Notary

My Commission expires _____, 20__