Ohio Facilities Construction Commission
SCHOOL DISTRICT FINANCIAL HARDSHIP LOAN PROGRAM APPLICATION

1. School District Name: _____

2. County: _____

3. Superintendent Name: _____

4. Superintendent Phone: (_____) _____

    Superintendent Fax: (_____) _____

5. Treasurer Name: _____

6. Treasurer Phone: (_____) _____

    Treasurer Fax: (_____) _____

7. School District Address: _____

    _____

    _____

8. Please provide a specific explanation of the impact on the fund balances of the school district for the next two fiscal years, if it were, at this time, to incur the expense of providing the full amount of the additional local share of the total project cost identified in the Notice of Intent to Amend the Project Agreement received from the Commission.

    _____

    _____

    _____

    _____

    _____

    _____

    _____

    _____

9. Please detail the extent to which any of the following revenue sources are available to the school district that may legally be used in supporting the additional local share of the total project cost (see attached sheet for explanation of options). To the extent moneys are available from any source identified below, please list the amounts expected to be generated annually and any obligations on those funds.

School District Income Tax -

_____

_____

_____

Permanent Improvement Tax -

_____

_____

_____

Local Donated Funds -

_____

_____

_____

Unreserved General Fund Balance -

_____

_____

_____

Debt Authorized but Not Issued -

_____

_____

_____

Excess Funds for Local Funded Initiatives -

_____

_____

_____

Other Funding Sources Not Listed Above -

_____

_____

_____

10.   Please attach a copy of the school district's most recent five-year general fund forecast as well as a financial report by fund and special cost center for all funds maintained by the school district for the current and most recent fiscal year. At a minimum, the financial report should identify the fund, any special cost centers within the fund, restrictions on moneys within the fund, fiscal year to date receipts and expenditures, current fund balance, current encumbrances, and the unencumbered fund balance.

Check box if information included   ☐

11.   Please attach a scenario in the format of the five-year general fund forecast depicting what the impact on the general fund would be from absorbing the additional local share of the total project cost as identified in the Notice of Intent to Amend the Project Agreement received from the Commission.

Check box if information included   ☐

12.   The school district superintendent and treasurer hereby certify by signature that the additional local share of the total project cost would reduce the school district year-end general fund balance to the point that it would meet the definition of undue hardship set forth in the program guidelines.

School District Superintendent   _____
                                                              Signature and Date

School District Treasurer   _____
                                                              Signature and Date

NOTE
APPLICATION WILL NOT BE CONSIDERED IF SIGNATURES AND THE INFORMATION REQUESTED IN ITEMS 9, 10, AND 11 IS NOT PROVIDED.