

SCHOOL DISTRICT INFORMATION:

School District Name: _____
 Address: _____
 _____ Ohio _____
 County _____

SUPERINTENDENT INFORMATION:

Superintendent Name: _____
 Phone: (____) _____-_____
 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 school district is insured for the occurrence, please state the deductible amount and limit of coverage:

Deductible: \$ _____ Limit: \$ _____

CONTACT PERSON:

Name: _____
 Position: _____
 Phone: (____) _____-_____
 E-Mail: _____

To the best of my knowledge and belief, the undersigned certifies the truth and accuracy of the information provided in this application form.

By: _____
 Print Name: _____
 Title: **SUPERINTENDENT**
 Date: _____, _____

By: _____
 Print Name: _____
 Title: **NOTARY**
 My Commission Expires: _____, _____