



QUALIFIED ZONE ACADEMY BONDS

**APPROXIMATELY \$2,741,000
AVAILABLE TO LOCAL EDUCATION AGENCIES OF THE
DISTRICT OF COLUMBIA**

Application Due Date: May 27, 2016

Send your final hard copy and electronic applications to:

**DISTRICT OF COLUMBIA REVENUE BOND PROGRAM
OFFICE OF THE DEPUTY MAYOR FOR PLANNING AND ECONOMIC DEVELOPMENT
1350 Pennsylvania Ave., NW Suite 317
WASHINGTON, DC 20004
Phone: (202) 727-6365; Fax: (202) 727-6703**

And

William.liggins@dc.gov

Your QZAB Issuance must be able to close on all needed financing by November 30, 2016 and use the entire amount available.

These bonds will be issued as a conduit transaction with no recourse to the District. The borrower will be responsible for all cost and debt related to this process bond deal.

**For more information about the Qualified Zone Academy Bonds, contact:
"Department of Education Web Guide to Qualified Zone Academy Bonds"**

<http://www2.ed.gov/programs/qualifiedzone/index.html>

1) Name of School:

2) Street Address:

3a) QZAB Project Name:

3b) Scope of Project (attach additional pages as needed):

4a) Type I: Elementary Junior High High School

4b) Type II: Traditional Public Charter

5a) Enrollment By Grades:

_____	_____
_____	_____
_____	_____
_____	_____

5b) Total Enrollment:

6) Percent (%) School Lunch Eligible:

7) Anticipated Total Amount of Academy Improvements:

8) Total QZAB Amount:

9) Source(s) and Anticipated Amount of Corporate Contribution:

(Please check all that apply and include evidence of contribution or commitment)

*** The corporate contributions must be for the current or upcoming school year**



a) Computer equipment and peripherals
Estimated \$ Value: _____

b) Other equipment- (Please describe):
Estimated \$ Value: _____

c) Textbooks
Estimated \$ Value: _____

d) Technical assistance in training teachers or developing curricula
Estimated \$ Value: _____

e) Employee volunteers
Estimated \$ Value: _____

f) Internships
Estimated \$ Value: _____

g) Cash Contribution
Estimated \$ Value: _____

h) Other- (Please describe):
Estimated \$ Value: _____

10) Anticipated Date for use of proceeds: _____

(11) Anticipated Date of Completion: _____

Signature, Title of Authorized Official Completing this Form: _____

Telephone: _____

E-mail: _____

Date: _____

**** Please provide a notarized letter certifying that you meet ALL of the QZAB requirements as a potential borrower.**

