

Application to request allocation of
QUALIFIED ZONE ACADEMY BONDS

Unified School District Name _____ USD No. _____

Address _____ City, State, Zip _____

Telephone No. Contact Person (_____) _____ Email _____

Superintendent Name (Print or Type) _____

List all attendance centers in your district established as a “qualified zone academy”:	Briefly describe the expenditures that the district will use these bonds to cover:
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Attach information if necessary.

In accordance with the provisions of federal laws and regulations governing Qualified Zone Academy Bonds (QZAB), request is hereby made for an allocation of such QZAB in the amount of _____ dollars (\$_____.)

The USD agrees to meet all federal laws and regulations governing Qualified Zone Academy Bonds and the School Board has approved this application.

Date

Signature of Superintendent

Send to: KSDE, School Finance
 Landon State Office Building
 900 SW Jackson Street, Ste 356
 Topeka, KS 66612-1212

Or scan signed application to PDF format and attach to email to: sroot@ksde.org



For KSDE Use Only

Amount allocated: _____

Date: _____

Signed: _____