

Please read instructions on reverse side before completing form.

APPLICATION FOR RESC LEASE REIMBURSEMENT

RESC NAME:	FACILITY NAME AND ADDRESS:	(FOR STATE USE ONLY)																
<p>1 TOWN OF FACILITY: _____ COUNTY OF FACILITY: _____</p> <p>2 TERM OF LEASE: (excluding renewal options) _____ TO _____ See instructions if lease term exceeds 20 years. (month/day/year) (month/day/year)</p> <p>3 LEASE PERIOD FOR WHICH GRANT IS SOUGHT: _____ TO _____ (Not to exceed the bounds of a single fiscal year) (month/day/year) (month/day/year)</p> <p>4 IS LEASE COST BASED ON LESS THAN FULL-TIME USAGE? YES _____ NO _____ IF YES, EXPLAIN: _____ _____</p> <p>5 AREA LEASED (In square feet): _____</p> <p>6 TOTAL COST OF LEASE FOR PERIOD (Item 3): _____</p> <p>7 FEDERAL AND OTHER STATE FUNDS RECEIVED FOR SUCH LEASE COSTS: _____</p> <p>8 COST OF INELIGIBLE SERVICES: _____</p> <p>9 NET ELIGIBLE LEASE COSTS (Item 6 minus items 7 and 8): _____</p> <p>10 INDICATE:</p> <table style="width:100%; border: none;"> <tr> <td></td> <td style="text-align: center;">PUBLIC CLASSROOM</td> <td style="text-align: center;">OFFICE</td> <td style="text-align: center;">WAREHOUSE</td> </tr> <tr> <td>a. TYPE OF SPACE LEASED (Check One):</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>b. USE OF SPACE LEASED (Check One):</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>c. PROGRAM ENROLLMENT AT THIS LOCATION: (number of students)</td> <td colspan="3" style="text-align: right;">_____</td> </tr> </table> <p>11 MOST RECENT FIRE MARSHAL CERTIFICATION AS SUITABLE FOR OCCUPANCY AS AN EDUCATIONAL FACILITY: _____ (month/day/year)</p> <p>12 WAS THE SPACE OCCUPIED UNDER THE TERMS OF THIS LEASE CONSTRUCTED WITH 95 OR 100 PERCENT STATE FUNDING? YES _____ NO _____</p> <p>13 IS THIS SPACE FOR AN INTERDISTRICT MAGNET PROGRAM? YES _____ NO _____ IF YES, INDICATE THE PERCENTAGE OF SPACE USED FOR THE INTERDISTRICT MAGNET PROGRAM: _____%</p>				PUBLIC CLASSROOM	OFFICE	WAREHOUSE	a. TYPE OF SPACE LEASED (Check One):	_____	_____	_____	b. USE OF SPACE LEASED (Check One):	_____	_____	_____	c. PROGRAM ENROLLMENT AT THIS LOCATION: (number of students)	_____		
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<p>CERTIFICATION: I hereby certify that the RESC has no ownership interest in the leased facility, that all the data contained herein is correct to the best of my knowledge and that the above-referenced lease agreement has been executed by the official so authorized by the Board of Directors.</p>																		
Name of Director:	Signature:	Date:																