**Arkansas Division of Public School Academic Facilities and Transportation**

**Academic Facilities Catastrophic Program – Application Form**

**School District**  *Click to enter School District Name*

School District Address, City, County, State, Zip Code

*Click to enter Address, City, County, State, Zip Code*

Superintendent Name *Click to enter Superintendent Name*

Superintendent Phone *Click to enter Phone* Fax *Click to enter Fax*

Superintendent E-mail *Click to enter E-mail*

**Please describe the act of God or violence that caused the damage to the facility. Provide an explanation of the need for the emergency project due to the act of God or violence. Give a general overview of the emergency project, including the number of buildings involved and the number of students affected. *(Please attach any other details or supporting documentation.)***

*Click to enter Explanation of the need for the emergency project due to the Act of God or violence.*

**Provide detailed explanation of how this Catastrophic project supports the prudent and resourceful expenditure of State funds and improves the school district’s ability to deliver an adequate and equitable education to the school district’s public school students.**

*Click to enter explanative detailed explanation*

**What is the estimated cost to repair the damage?** *Click here to enter text*.

***(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 *Click to enter Date*

Specify the amount of your request: *Click to enter Amount*

Statement of Insurance Estimate *Click to enter Insurance Estimate*

**If your School District is insured for the occurrence, please state the deductible amount and limit of coverage.**

Deductible *Click to enter Deductible* Limit *Click to enter Limit*

**Name of Contact Person and Title** *Click to enter Contact Name and Title*

Contact Person Phone *Click to enter Phone* Fax *Click to enter Phone*

Contact Person E-mail *Click to enter Phone*

**To the best of his/her knowledge and belief, the undersigned certifies the truth and accuracy of the information provided in this Application Form.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Superintendent Signature Date**