



Klaus Leitenbauer <kleitenbauer@alpinecoe.k12.ca.us>

141511, FY 2020 Impact Aid Section 8003 Application Receipt

1 message

Rempson, Ulyssa <Ulyssa.Rempson@ed.gov>

Thu, Jan 31, 2019 at 9:13 AM

To: "kleitenbauer@alpinecoe.k12.ca.us" <kleitenbauer@alpinecoe.k12.ca.us>

Application Number: 14-CA-2020-1511

Applicant Name: Alpine County Unified School District

Dear Impact Aid Applicant:

We received your school district's Impact Aid section 8003 e-Application and signature pages. Your application was submitted on time.

We will use this application to make Impact Aid payments beginning next October, after we make a final determination of your school district's eligibility. Please print and keep this e-mail message as proof that we received your application.

Thank You

 **winmail.dat**
11K

Final Filing Date: 01/31/2019

**U.S. Department of Education
Impact Aid Program
Washington, DC. 20202-6244**

Form Approved:
- OMB number 1810-0687
- Expiration date: 09/30/2014

Applicants must submit complete applications on or before this filing deadline to receive full payments. See the instructions for further information.

APPLICATION FOR IMPACT AID - SECTION 7003 (Version No. 1)

Submit an original and 1 copy to the Impact Aid Program.
Send 1 copy to the State Educational Agency(SEA) using the attached transmittal form.


MEMBERSHIP SURVEY DATE 01/29/2019	SURVEY FORMS : [] SOURCE CHECK : [x]	ORIGINAL APPLICATION: [x] AMENDMENT: []	IMPACT AID No. 14-CA-2020-1511 PR/AWARD No. S041B- 2020 -0395 DUNS No. 801600644
APPLICANT NAME : Alpine County Unified School District STREET/P.O.BOX: 43 Hawkside Drive CITY: Markleeville COUNTY : Alpine STATE: CA ZIP: 96120 Zip+4: 6693		CONTACT PERSON NAME: Klaus Leitenbauer TITLE: Business Manager PHONE: 5306942495 FAX: 5306942379 E-MAIL: kleitenbauer@alpinecoe.k12.ca.us	
[] CHECK TO APPLY FOR FUNDING UNDER SECTION 7003(b)(2) FOR HEAVILY IMPACTED LEAs. (If you check this box, the Impact Aid Program will contact you to request additional information.)			
GRADE SPAN MAINTAINED P - 12		LEGAL CLASSIFICATION(If different than grade span) Alpine Co Unif SD	
I certify that I have read the statements contained in this application and that these statements and all of the data included in this application are, to the best of my knowledge and belief, true, complete, and correct. I certify that I am authorized to make the representations and commitments in this application, for and on behalf of the applicant and otherwise to act as the applicant's authorized representative in submitting this application for funding under section 7003 of the Impact Aid Program (Title VII of the Elementary and Secondary Education Act). I declare that the applicant will mail a complete copy of this application to the SEA at the same time that it mails this application to the U.S. Department of Education.			
NAME AND TITLE OF AUTHORIZED REPRESENTATIVE (Please type or print.) <i>Patrick Traynor, Superintendent</i>		SIGNATURE <i>Patrick Traynor</i>	DATE <i>1/31/19</i>

Statement for Loan Guarantees and Loan Insurance The undersigned states, to the best of his or her knowledge and belief, that: If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

PATRICK TRAYNOR
SUPERINTENDENT

Name and Title of Authorized Certifying Representative

Signature



Date

1/31/14