School Finance: Chapter 70 Program  
August 15, 2016  
FY17 Public School Military Mitigation Grant

Application Instructions

The FY17 State Budget includes funding to support school districts that have been negatively impacted by shortfalls in federal impact aid for the children in families employed by the federal government on military reservations located within the town’s limits. School districts that meet these criteria may apply for these funds in accordance with the following instructions.

• Applicants must submit an original signed copy of the attached application.

• The application must be submitted on behalf of a local district by the superintendent of schools. This award will be treated as a grant and may be expended by the school committee without further appropriation.

• Applications must be submitted by mail to the address below, and must be received no later than the close of business on September 15, 2016.

  Massachusetts Department of Elementary and Secondary Education  
  Attn: Christine M. Lynch  
  75 Pleasant Street  
  Malden, MA 02148-4906

  Fax and email submissions cannot be accepted.

• Award amounts will be determined by the Commissioner of Elementary and Secondary Education and will depend in part on the number of applications received and the financial need for which the award is made.

Questions regarding this grant program should be directed to program director Christine M. Lynch at 781-338-6520 or at clynch@doe.mass.edu.
Application: Shortfalls in federal impact aid

Eligibility: School districts impacted by shortfalls in federal impact aid for the education of children in families employed by the federal government on military reservations located within the town’s limits.

School district Name: ___________________________________________________

- Name of military installation or reservation: __________________________

- Total number of federally connected children claimed for the 2016-2017 school year (from table 6, line 3, of the district’s Application for Impact Aid – Section 8003): ________________

- Total amount of Impact Aid owed in FY16 ________________

- Total amount of Impact Aid received in FY16 ________________

- Total amount of Impact Aid owed in FY17 ________________

Please submit a copy of your most recent impact aid application.

Contact person if further information is required:

Name:____________________________________Title:____________________

Telephone:_______________________________ Email:___________________

Application submitted by: (superintendent of schools)

__________________________________________________________________Date ____/____/2016

Signature

__________________________________________________________________

Print Name