

State: Iowa

ELEMENTARY AND SECONDARY EDUCATION HURRICANE RELIEF PROGRAM

Certification By Non-Public Schools For Emergency Impact Aid For Displaced Students

NAME OF SCHOOL :

STREET/P.O. BOX :

CITY :

COUNTY :

STATE & ZIP :

CONTACT PERSON NAME :

TITLE :

PHONE :

FAX :

E-MAIL :

Name of the local educational agency
within whose boundaries this non-public
school is located:

I certify that this school is a non-public school that meets the requirements of paragraph (b)(3) of the law governing
Emergency Impact Aid for Displaced Students.

I certify that the displaced students included on the attached list were enrolled in this school on the designated count date.

I certify that payments to Emergency Impact Aid Accounts received from the local educational agency will be used by this
school only for purposes described in sub-paragraph (e)(2)(A) of the law governing Emergency Impact Aid for
Displaced Students.

I certify that I have received and read copies of paragraph (b)(3) and sub-paragraph (e)(2)(A) of the law governing
Emergency Impact Aid for Displaced Students.

I certify that I am authorized to make the representations and commitments in this certification, for and on behalf of this
school, and otherwise to act as this school's authorized representative in submitting this certification.

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

SIGNATURE

DATE

Form Approved:
- OMB number 1810-0672
- Expiration date: 06/30/2006