EXAMPLE - HOW TO ORGANIZE YOUR DOCUMENTATION FOR A REVIEW

In this example, your application looks like this:

Work-On Only Child Resides: Not on Federal Property, Parent: En	nnloved. Federal Property	
Property	Property Address	Total Children
Federal Bldg.	12201 Sunrise Valley Dr. Reston, VA	2
Belvoir (Fort)	9820 Flagler Road (No city), VA, 22060-	1
MC Development Educ. Command	Former MC Schools Quantico, VA	3

Create a cover page for each property in a category, and put the relevant documentation behind the cover page. Parent pupil survey forms behind each cover page should be alphabetized by last name.

It is most helpful to order the properties the same way they appear on your application.

In this example, you would name your file "Work On Only" (Or Category G) and organize it like the following example. Upload the file to the Documents section of the Mail In Review task assigned to you in the Impact Aid Grant System.

File Name: Work On Only.pdf

Work-On Only Federal Bldg.

Impact Aid Program Survey Form The survey date is <u>EXAMPLE</u>

SAMPLE

All boxes must be filled in with complete information if applicable

STUDENT INFORMATION							
Student's Last Name	First Name		M.I.	Date of Birth	Grade	School Nam	e c/a
Flintstone	Fred			5/5/55	5	Hanna	Bubara Ele.
Address			City			State	Zip Code
123 Sesame St.			Fan	Max		NA	
If the above property is a federal pro	perty, enter the name	Name of federa	al prope	erty		•	
of the property.							
Fill in the above boxes with compl	ete and accurate inforn	ation					
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PARENT/GUARDIAN EMPLOY			·	1: :4			
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the parent/guardian reported to work	on federal property on t	he survey date	Enter	the parent/guard	lian's name a	ioyeu on reuc	on the employer's payroll
record.	con reactar property on t	ne sarvey date.	Diff	the parent guare	nan s name a	is it appears t	in the employer's payron
Parent/Guardian's Last Name	First Name and M.I.		Name	of Parent/Guardian	's Employer		
Rubble	Barney		D	OE			
Address of Parent/Guardian's Employer			City			State	Zip Code
Same							
Name of federal property Federal Buildu Address of federal property 1220 Sunne l Fill in the above boxes with complete	il					•	
Address of federal property	Ö		City			State	Zip Code
12201 Suns 1	Talles Dr.		Re	ston		VA	
Fill in the above boxes with compl	ete and accurate inform	ation					
PARENT/GUARDIAN EMPLOY					1 .1 77 10		0.1 *** 1.0
Enter information in this section reg the survey date.	garding the parent/guardi	an if either pers	son wa	s on active duty	in the Unifor	rmed Service	s of the United States on
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			Ditaio.	. 01 5011100		Ruik	
Fill in the above boxes with compl	te and accurate inform	ation					
PARENT/GUARDIAN EMPLOY	MENT INFORMATIO	N: FOREIGN	MILI	TARY			
Enter information in this section re	garding the parent/guard	lian if either pe	erson	was both an acci	redited foreig	gn governme	nt official and a foreign
military officer on the survey date.							
Parent/Guardian's Last Name	First Name and M.I.		Branch	of Service		Rank	
Name of Foreign Government							
Fill in the above boxes with complete and accurate information							
This information is the basis for pa	yment to your school di	strict of federal	I funds	s under the Impa	ct Aid Progr	am (Title VI	I of the Elementary and

This form must be signed and dated for your school district to receive funds based on this information.

* By signing this form, I am certifying that all typed and written information on this form

Secondary Education Act), and may be provided to the U.S. Department of Education if your school district's application for payment is audited.

is accurate and complete as of the survey date.								
→ Signature of Parent/Guardian	& Rulela	→ Date_///						

Impact Aid Program Survey Form The survey date is <u>EXAMPLE</u>

SAMPLE

All boxes must be filled in with complete information if applicable

STUDENT INFORMATION					,		
Student's Last Name	First Name		M.I.	Date of Birth	Grade	School Nam	ie Cla
Antstone	Wilmac			515755	5	Hanna	Barbara Ele.
Address			City	<u></u>		State	Zip Code
123 Sesame St.				rtack		VA	
If the above property is a federal pro	pperty, enter the name	Name of feder	al prope	erty			
of the property.					1		
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record.							
Parent/Guardian's Last Name	First Name and M.I.		-	of Parent/Guardian	's Employer		
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Enter information in this section re	egarding the parent/guard	dian if either	person	was both an acc	redited forei	gn governm	ent official and a foreign
military officer on the survey date.							
Parent/Guardian's Last Name	First Name and M.I.		Brancl	of Service		Rank	
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Fill in the above boxes with comp	lete and accurate inforn	nation					
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This information is the basis for payment to your school district of federal funds under the Impact Aid Program (Title VII of the Elementary and Secondary Education Act), and *may* be provided to the U.S. Department of Education *if* your school district's application for payment is audited. This form *must* be signed and dated for your school district to receive funds based on this information.

* By signing this form, I am certifying that all typed and written information	ı on	this	form
is accurate and complete as of the survey date.	,		

→ Signature of Parent/Guardian

→Date // / / 0)

Work-On Only Belvoir (Fort)

OTHER PRICADAL TION

Impact Aid Program Survey Form The survey date is <u>EXAMPLE</u>

SAMPLE

All boxes must be filled in with complete information if applicable

STUDENT INFORMATION				D . CD: 4		0 1 1 1 1			
Student's Last Name	First Name		M.I.	Date of Birth	Grade	School Name	2. 4. 110		
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Bird Address			City			State	St. Middle Zip Code		
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of the property.		L		.					
Fill in the above boxes with complete and accurate information									
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Enter information in this section reg	garding the parent/guardi	an if 1) neithe	r paren	t/guardian with v	vhom the stu	dent resided v	vas on active duty in the		
Uniformed Services of the United S	tates and 2) either parent	/guardian with	n whon	the student resid	ded was emp	loyed on fede	ral property, or 3) either		
the parent/guardian reported to work	on federal property on t	he survey date	. Ente	r the parent/guard	dian's name a	is it appears of	n the employer's payroll		
record.									
Parent/Guardian's Last Name	First Name and M.I.			of Parent/Guardian					
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Address of Parent/Guardian's Employer			City	2		State	Zip Code		
			K	eston		M			
Name of federal property									
Fort Belovir									
Address of federal property			City			State	Zip Code		
and the state of t			City	Belvoir		state	Zip Code		
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the survey date.									
Parent/Guardian's Last Name	First Name and M.I.		Branc	h of Service		Rank			
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Parent/Guardian's Last Name	First Name and M.I.		Branc	h of Service		Rank			
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This information is the basis for payment to your school district of federal funds under the Impact Aid Program (Title VII of the Elementary and Secondary Education Act), and *may* be provided to the U.S. Department of Education *if* your school district's application for payment is audited. This form *must* be signed and dated for your school district to receive funds based on this information.

* By signing this form, I am certifying that all typed and written information on this form is accurate and complete as of the survey date.

→ Signature of Parent/Guardian	Com	→ Date	 <u>/ 1</u>	101	
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Work-On Only MC Development Educ. Command

Impact Aid Program Survey Form The survey date is EXAMPLE

SAMPLE

All boxes must be filled in with complete information if applicable

STUDENT INFORMATION									
Student's Last Name	First Name	M.I. Date of Birth		School Name	1. 1LC				
Semare - Pants	Sprights	515155	10	Pineap	ple HS				
Address				State	Zip Code				
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Uniformed Services of the United S	tates and 2) either parent/guardian wit	h whom the student resident	ded was emplo	ved on fede	ral property. or 3) either				
the parent/guardian reported to work	on federal property on the survey date	e. Enter the parent/guard	lian's name as	it appears o	n the employer's payroll				
record.	r r								
Parent/Guardian's Last Name	First Name and M.I.	Name of Parent/Guardian	's Employer						
Simpson	Homer	USMC							
Address of Parent/Guardian's Employer		City		State	Zip Code				
Name of federal property									
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Secondary Education Act), and may be provided to the U.S. Department of Education if your school district's application for payment is audited. This form must be signed and dated for your school district to receive funds based on this information.

- * By signing this form, I am certifying that all typed and written information on this form is accurate and complete as of the survey date.
- →Signature of Parent/Guardian / Date ////01

Impact Aid Program Survey Form The survey date is <u>EXAMPLE</u>

SAMPLE

All boxes must be filled in with complete information if applicable

STUDENT INFORMATION			T			
Student's Last Name	First Name	M.I.	Date of Birth	Grade	School Nan	10 16
Square-Pants Address	William	Q.	5/5/55	U	Hirea	pple HS Zip Code
Address		City			State	Zip Code
123 Sesame St.		Fo	irtax		VA	
If the above property is a federal pro	perty, enter the name	Name of federal prop	erty			
of the property.						
Fill in the above boxes with compl	ete and accurate informa	tion				
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PARENT/GUARDIAN EMPLOY	MENT INFORMATION	: CIVILIAN				
Enter information in this section reg	arding the parent/guardian	if 1) neither parer	nt/guardian with v	vhom the stud	lent resided	was on active duty in the
Uniformed Services of the United S	tates and 2) either parent/g	uardian with whoi	n the student resid	ded was empl	oyed on fed	eral property, or 3) either
the parent/guardian reported to work	on federal property on the	survey date. Ente	r the parent/guard	dian's name a	s it appears	on the employer's payroll
record. Parent/Guardian's Last Name	First Name and M.I.	Name	of Parent/Guardian	's Employer		
12	Homer	1 1	MSMC	. b Zimproy or		
Address of Parent/Guardian's Employer	Homel	City	USMIC		State	Zip Code
Address of Farencodardian's Employer		City			State	Zip Code
Name of federal property						
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Parent/Guardian's Last Name	First Name and M.I.	Brane	h of Service	· · ·	Rank	····
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PARENT/GUARDIAN EMPLOY	MENT INFORMATION	: FOREIGN MII	ITARY			
Enter information in this section re	garding the parent/guardia	n if either person	was both an acc	redited foreig	gn governm	ent official and a foreign
military officer on the survey date.						
Parent/Guardian's Last Name	First Name and M.I.	Brane	ch of Service		Rank	
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Fill in the above boxes with compl	ete and accurate informa	tion				
This information is the basis for na	yment to your school dist	rict of federal fun	ds under the Imn	act Aid Proo	ram (Title V	/II of the Elementary and

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→ Signature of Parent/Guardian_	tomer	Som	→ Date	11	101
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Impact Aid Program Survey Form The survey date is <u>EXAMPLE</u>

SAMPLE

All boxes must be filled in with complete information if applicable

STUDENT INFORMATION				r = _ a= · ·		0.1 131	
Student's Last Name	First Name		M.I.	Date of Birth	Grade	School Nam	ilc
Square-Pants Address 123 Sesame St.	Wilma		P.	5/5/55	12	Hinea	pple HS Zip Code
Address			City			State	Zip Code
123 Sesame St.			10	urtax		VA	
If the above property is a federal pro	perty, enter the name	Name of fede	ral prope	erty			
of the property.	• •						
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Enter information in this section reg	parding the parent/guardia	n if 1) neithe	r paren	t/guardian with w	hom the stu	dent resided	was on active duty in the
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Parent/Guardian's Last Name	First Name and M.I.			of Parent/Guardian	's Employer		
Simpson	Homes			USMC			
Address of Parent/Guardian's Employer			City			State	Zip Code
Name of federal property Maune Corps. & Address of federal property	lucation						
Address of federal property			City			State	Zip Code
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Secondary Education Act), and *may* be provided to the U.S. Department of Education *if* your school district's application for payment is audited. This form *must* be signed and dated for your school district to receive funds based on this information.

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→ Signature of Parent/Guardian	Ho Somon	→ Date 1/1 / 0 \
	9 22	