

STATE OF CALIFORNIA  
**ELIGIBILITY DETERMINATION**  
**SCHOOL FACILITY PROGRAM**  
 SAB 50-03 (REV 12/10)

STATE ALLOCATION BOARD  
 OFFICE OF PUBLIC SCHOOL CONSTRUCTION

Page 4 of 4

SCHOOL DISTRICT <b>Bishop Unified School District</b>	FIVE-DIGIT DISTRICT CODE NUMBER (SEE CALIFORNIA PUBLIC SCHOOL DIRECTORY) <b>76687</b>
BUSINESS ADDRESS <b>301 N. Fowler Street</b>	HIGH SCHOOL ATTENDANCE AREA (HSAA) OR SUPER HSAA (IF APPLICABLE)
CITY/COUNTY <b>Bishop/Inyo</b>	

**Part I – District Representative Information**

The following individual(s) have been designated as district representative(s) by school board minutes or the designee of the Superintendent of Public Instruction:

DISTRICT REPRESENTATIVE <b>Katie Kolker</b>	TELEPHONE NUMBER <b>(760) 872-3680</b>	E-MAIL ADDRESS <b>kkolker@bishopschools.org</b>
DISTRICT REPRESENTATIVE <b>Midge Milici</b>	TELEPHONE NUMBER <b>(760) 872-3680</b>	E-MAIL ADDRESS <b>mmilici@bishopschools.org</b>

**Part II – New Construction Eligibility Determination** ☐ NEW ☐ ADJUSTED

	K-6	7-8	9-12	Non-Severe	Severe
1. Projected Enrollment (Part I, Form SAB 50-01)					
2. Existing School Building Capacity (Part III, Line 3 of Form SAB 50-02)	0	0	0	0	0
3. New Construction Baseline Eligibility (Line 1 minus Line 2)					

**Part III – Modernization Eligibility Determination** ☐ NEW ☐ ADJUSTED

1. School Name	K-6	7-8	9-12	Non-Severe	Severe	
<b>Option A</b>						
2. Permanent classrooms at least 25 years old						
3. Portable classrooms at least 20 years old						
4. Total (Lines 2 and 3)	0	0	0	0	0	
5. Multiply Line 4 by: 25 for K-6, 27 for 7-8 and 9-12, 13 for Non-Severe and 9 for Severe	0	0	0	0	0	
6. CBEDS enrollment at school						
7. Modernization Eligibility (lesser of each column of Lines 5 or 6)	0	0	0	0	0	
<b>Option B</b>						
2. Permanent space at least 25 years old (report by classroom or square footage)						
3. Portable space at least 20 years old						
4. Total (Lines 2 and 3)						0.00
5. Remaining permanent and portable space (report by classroom or square footage)						0.00
6. Total (Lines 4 and 5)						0.00%
7. Percentage (divide Line 4 by Line 6)	K-6	7-8	9-12	Non-Severe	Severe	
8. CBEDS enrollment at school	0	0	0	0	0	
9. Modernization Eligibility (multiply Line 7 by each grade group reported on Line 8)						

I certify, as the District Representative, that the information reported on this form is true and correct and that:

- I am designated as an authorized district representative by the governing board of the district or the designee of the Superintendent of Public Instruction; and,
- A resolution or other appropriate documentation supporting this application under Chapter 12.5, Part 10, Division 1, commencing with Section 17070.10, et seq., of the Education Code was adopted by the School District's Governing Board or the designee of the Superintendent of Public Instruction on \_\_\_\_\_; and,
- This form is an exact duplicate (verbatim) of the form provided by Office of Public School Construction. In the event a conflict should exist, then the language in the OPSC form will prevail.

SIGNATURE OF DISTRICT REPRESENTATIVE	DATE
NAME OF DISTRICT REPRESENTATIVE (PRINT OR TYPE) <b>Katie Kolker</b>	E-MAIL ADDRESS <b>kkolker@bishopschools.org</b>
	TELEPHONE <b>(760) 872-3680</b>