

**MOUNTRAIL COUNTY POLICY FOR ASSISTANCE TO TOWNSHIPS/SCHOOLS
USING OIL & GAS PRODUCTION TAX/INFRASTRUCTURE FUND MONEY**

The Mountrail County Board of Commissioners will use the following guidelines to determine financial assistance to townships/schools using the Oil & Gas Production Tax/Infrastructure Fund money allocated to Mountrail County.

1. Townships/schools must submit an application to the Board of Mountrail County Commissioners **prior** to doing any work or making any purchases. Prescribed application forms are available at the Mountrail County Auditor's Office.
2. Upon receiving a completed application, the Board of Mountrail County Commissioners will act on such request at their next regular board meeting.
3. Impact on roads & bridges by oil industry must be clearly evident.
4. Township/school must have submitted forms for assistance to the Energy Development Impact Office for oil impact funds or be willing to request assistance in next offering.
5. Full financial disclosure of township/school must be presented to the Board of County Commissioners.
6. The dollar amount of financial assistance will be determined on a case-by-case basis.
7. Allocations will not be paid until copies of original invoice(s) for actual costs incurred by the township/school district are submitted to the Mountrail County Auditor. Payment will be made to township/school district after County Commissioners approve payment at a regular board meeting. Awards will only be valid in the year approved unless otherwise specified.
8. Payments from the Infrastructure Fund will only be paid to the township/school district. Vendors/contractors will need to be paid by the township/school district.

**Adopted: December 1, 2009
By Order of the Board of Mountrail County Commissioners**

REQUEST FOR ASSISTANCE ON TOWNSHIP ROADS
USING OIL & GAS PRODUCTION TAX/INFRASTRUCTURE MONEY

TOWNSHIP: _____ DATE OF APPLICATION: _____
CONTACT PERSON: _____ DAYTIME PHONE: _____

FINANCIAL INFORMATION:

CURRENT MILLS LEVIED BY TOWNSHIP _____
CURRENT FUND BALANCE (CHECKING & SAVINGS) \$ _____

PROJECT INFORMATION:

PROJECT LOCATION (Attach map): _____

PROJECT DESCRIPTION: _____

ESTIMATED COST: \$ _____ AMOUNT REQUESTED FROM MOUNTRAIL COUNTY: \$ _____

OTHER FUNDING REQUESTED FOR THIS PROJECT:

| AGENCY TO WHICH APPLIED | DATE | REQUESTED | AWARDED | REMAINING |
|-------------------------------------|------|-----------|----------|-----------|
| *Energy Development Impact Office - | | | | |
| Oil/Gas Impact Grant | | \$ _____ | \$ _____ | \$ _____ |
| | | \$ _____ | \$ _____ | \$ _____ |
| | | \$ _____ | \$ _____ | \$ _____ |

* If no request was made to Energy Development Impact Office, be sure to indicate -0- on requested amount.

Signature, Chairman
Township Board of Supervisor

Date

(OFFICE USE ONLY)

ACTION BY MOUNTRAIL COUNTY COMMISSIONERS

APPROVED _____ / DISAPPROVED _____ Amount Awarded _____

If approved, Mountrail County will reimburse said township for actual costs incurred by the township not exceeding the amount awarded upon receiving copies of invoice(s) of work completed. Submit request for reimbursement to the Mountrail County Auditor, PO Box 69, Stanley ND 58784-0069.

ADDITIONAL COMMENTS: _____

Signature, Chairman
Mountrail County Commissioners

Date

** AMOUNT AWARDED IS ONLY VALID IN THE CALENDAR YEAR APPROVED UNLESS OTHERWISE SPECIFIED.

SCHOOL DISTRICT REQUEST FOR ALLOCATION
MOUNTRAIL COUNTY GPT INFRASTRUCTURE FUND

SCHOOL DISTRICT: _____ DATE OF APPLICATION: _____
CONTACT PERSON: _____ DAYTIME PHONE: _____

FINANCIAL INFORMATION:

CURRENT MILLS LEVIED BY SCHOOL DISTRICT _____
CURRENT FUND BALANCE (CHECKING & SAVINGS) \$ _____

PROJECT INFORMATION:

DESCRIPTION OF TRANSPORTATION RELATED REQUEST: _____

- ATTACH MAP SHOWING BUS ROUTES IN MOUNTRAIL COUNTY
- PROVIDE REPORT SHOWING:
 - NUMBER OF BUS ROUTES IN MOUNTRAIL COUNTY
 - NUMBER OF MOUNTRAIL COUNTY STUDENTS ON EACH BUS ROUTE
 - NUMBER OF BUSES/VEHICLES CURRENTLY OWNED BY SCHOOL DISTRICT USED TO TRANSPORT STUDENTS; PROVIDE YEAR, # OF PASSENGERS, MILEAGE OF EACH BUS/VEHICLE

ESTIMATED COST OF REQUEST: \$ _____ (PROVIDE DOCUMENTATION)
AMOUNT REQUESTED FROM MOUNTRAIL COUNTY: \$ _____

OTHER FUNDING REQUESTED FOR THIS PROJECT:

| AGENCY TO WHICH APPLIED | DATE | REQUESTED | AWARDED | REMAINING |
|---|-------|-----------|----------|-----------|
| *Energy Development Impact Office - Oil/Gas Impact Grant | _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ | \$ _____ |

* If no request was made to Energy Development Impact Office, be sure to indicate -0- on requested amount.

Signature, Superintendent

Date

(OFFICE USE ONLY)

ACTION BY MOUNTRAIL COUNTY COMMISSIONERS

APPROVED _____ / DISAPPROVED _____ Amount Awarded _____

If approved, Mountrail County will reimburse said school district for actual costs incurred by the school district not exceeding the amount awarded upon receiving copies of original invoice(s) from company/vendor. Submit request for reimbursement to the Mountrail County Auditor, PO Box 69, Stanley ND 58784-0069.

ADDITIONAL COMMENTS: _____

Signature, Chairman
Mountrail County Commissioners

Date

**** AMOUNT AWARDED IS ONLY VALID IN THE CALENDAR YEAR APPROVED UNLESS OTHERWISE SPECIFIED.**