

# Minnesota Computers for Schools Account Application

**For use by public and non-public schools  
that have not purchased from MCFS**

Please complete this application and **fax to (651) 747-1613**.  
If you have questions about completing this form, please call us at (651) 779-2816

**Please check one:**

Applying as a district (# of schools in district:     )     Applying as a school

<b>Identification Information</b>			
District/School Name			District Number
School Address	City	County	Zip Code
Contact Representative:	Email	Telephone Number	FAX Number
Technical Representative:	Email	Telephone Number	FAX Number
Grades served at site	# of students		
Percent of students receiving free or reduced lunch:			
For office use only. Application ID			
Briefly describe how the computers will be used. Attach additional page if necessary:			
<b>Assurance / Certification Statement</b>			
<p>In qualifying for reception of equipment via Minnesota Computers for Schools, the recipient agrees to the following:</p> <ol style="list-style-type: none"> <li>1.) Submit survey information as requested</li> <li>2.) Computers/equipment received will be put into use within 90 days of receipt</li> <li>3.) To indemnify and hold Minnesota Computers for Schools, its donors and sponsors harmless from any and all liability with respect to any equipment received at any time</li> <li>4.) With regard to donated equipment that is no longer in working order: recipient school is responsible for proper and lawful disposition of any and all items received from MN Computers for Schools</li> </ol> <p><i>I certify that, to the best of my belief and knowledge, the information contained in this application is correct and complete and that the applicant agency has authorized me, as its representative, to give the above assurances and to file this statement.</i></p>			
Signature-Requesting Agency Responsible Authority		Printed/Typed Name	
Date: _____			