

Emergency

District: Covington Indp. Public Sch District Code: 134 Facility Name: Holmes High School School Code: 019 HHS

Grade Level Served: 9 -- 12 Current Student Capacity: 775 District Organization Plan: K-5, 6-8, 9-12

1. DESCRIPTION AND SCOPE OF PROPOSED PROJECT

A. Check and complete the applicable items:

- 1. New Building
- 2. Addition
- 3. Renovation or Alteration (Describe) Misc. improvements and renovations to include: 1. Relocation and renovation of the Band Room, 2. Rebuild exterior concrete parapet panels, 3. Upgrades to 1st Floor in Gym/Science Building, 4. Asbestos Abatement.

4. Relocatable Classroom. Number N/A Size N/A
5. Equipment/Furnishings Procurement (Describe) 1. Band Room Equipment

6. Other (Describe) _____

- 7. Site (Complete the Following)
 - a. Site Acquisition None Expansion N/A Number of Acres _____
 - b. A site has been acquired in accordance with 702 KAR 4:050 regulations _____
 - c. Location _____
 - d. Proposed site currently owned by District (Y) (N) N/A

B. Compliance with 702 KAR 4:180 and 702 KAR 4:160

This application is being submitted for (refer to current District Facility Plan):

- 1. Priority Category: Capital Construction Priorities I.C.
- 2. Discretionary Item Number: _____
- 3. Minor project not listed on Facility Plan: _____

If none of the above apply, your District Facility Plan will need to be amended.

C. Provide a complete narrative of the proposed project.

Project shall include: 1. Relocation of the existing Band Room to an existing space in the Vocational Education building, 2. Replacement of deteriorating concrete parapet panels, 3. Upgrades to the 1st. Floor lobby in the Gym/Science Building to include new flooring, new ceiling, display cases, wall finishes, etc. and 4. Asbestos Abatement.

D. Proposed work related to the project but excluded from the scope of this BG1: None.

Local board order authorizing project and narrative justification must be attached.

E. Program Space Square Footage

Complete for new facilities, additions and renovations.

New Facility:

_____ Preschool _____ Elementary _____ Middle X High _____ Alternative Center

Additions or Renovations: (Please mark "R" after total program square footage entered if renovation.)

<u>Number</u>	<u>Total Net Program Sq. Ft.</u>	<u>Number</u>	<u>Total Net Program Sq. Ft.</u>
Instructional:		Support Space:	
_____ Preschool Classroom (P)	_____	_____ General Office (GO)	_____
_____ Elementary Classroom (E)	_____	_____ Staff Office (SO)	_____
_____ Middle/High Classroom (MH)	_____	_____ Administrative Area (AD)	_____
_____ Special Education/FMD (Self-Contained) (SE)	_____	_____ Guidance Office (GUO)	_____
_____ Resource - Elementary (ER)	_____	_____ Guidance Reception (GUR)	_____
_____ Resource - Middle/High (MHR)	_____	_____ Custodial Receiving (CR)	_____
_____ Art - Elementary (ARE)	_____	_____ Site Based Office (SBO)	_____
_____ Art - Middle/High (AR)	_____	_____ Site Based Conference (SBC)	_____
<u> 1 </u> Band (BA)	<u> 3600 </u>	_____ Family Resource Area (FRA)	_____
_____ Vocal Music (MUV)	_____	_____ First Aid with Toilet (FA)	_____
_____ Music (MUE)	_____	_____ Records Room (RR)	_____
_____ Computer (Elementary) (COE)	_____	_____ Workroom (WR)	_____
_____ Computer - Middle (COM)	_____	_____ Kitchen (K)	_____
_____ Computer - High (COH)	_____	_____ Cafeteria (C)	_____
_____ Science Classroom (SCR)	_____	_____ Mechanical Room (MR)	_____
_____ Science Lecture Lab (SCL)	_____	Other:	
_____ Auditorium (AU)	_____	_____ Bay Bus Garage (BU)	_____
_____ Business Education		_____ Central Office (CO)	_____
_____ Computer Lab (BEL)	_____	_____ Board Room (BR)	_____
_____ Pathways to Careers (PC)	_____	_____ Central Storage Facility (CSF)	_____
_____ Marketing Education 1 Lab (ME)	_____	Other _____	_____
_____ Fam. & Consumer Sciences (FCS)	_____	Other _____	_____
_____ Industrial Technology (IT)	_____	Other _____	_____
_____ Drafting (DRF)	_____		
_____ Other _____	_____		
_____ Other _____	_____		
_____ Other _____	_____		
_____ Other _____	_____		
_____ Other _____	_____		

TOTAL NET PROGRAM SPACE _____

For Phased Projects:	
Estimated Total Net Program Square Footage (include all Phases)	_____
Estimated Total Construction Cost (Include all Phases)	_____
Estimated Contract Date of Final Phase	_____
This BG-1 is for Phase _____ of _____ Phases	

Local board order authorizing project and narrative justification must be attached.

II. PROPOSED PLAN TO FINANCE APPLICATION

A. Statement of Probable Costs:

1. Total Construction Cost	\$850,000
2. Architect/Engineer Fee	\$77,600
3. Construction Manger Fee	
4. Bond Discount	\$25,000
5. Fiscal Agent Fee	\$12,409.98
6. Contingencies	\$85,000
7. Site Acquisition	
8. Equipment/Furnishings	\$65,400
9. Equipment/Computers	
10. Technology Network Sys. (KETS)	
11. Other Plan review, Prints, etc	\$15,000
12. Other Asbestos Abatement	\$35,000 (bid separately)
Total Estimated Cost	\$1,165,409.98

B. Funds Available:

1. SFCC Cash Requirement	
2. SFCC Bond Requirement	
3. SFCC Bond Sale	
4. Local Bond Sale	\$1,025,000.00
5. Cash - General Fund	
6. Cash - Capital Outlay	
7. Cash - Building Fund (FSPK)	
8. Cash - Investment Earnings	
9. KETS	
10. Other BG-10-092	\$77,724.17
11. Other BG-10-094	\$41,240.25
12. Other BG-11-043	\$21,445.56
Total Funds Available	\$1,165,409.98

THE ABOVE INFORMATION IS A STATEMENT OF PROBABLE COST AND FUNDS AVAILABLE AND IS REQUIRED TO BE REVISED TO CORRESPOND TO ACTUAL BIDS RECEIVED PRIOR TO THE SIGNING OF CONSTRUCTION CONTRACTS.

TO BE COMPLETED ON INITIAL & REVISED APPLICATION: The signing of this financial document certifies the above state funds are available and designated for this project during this fiscal year.

Superintendent _____ Date

Finance Director _____ Date

Chairman _____ Date

ORIGINAL SIGNATURES REQUIRED

NOTE: Any district anticipating the financing of this and/or other projects in a combined school revenue Bond should discuss the financing with the Director of Division of Finance.

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TO BE COMPLETED ON INITIAL APPLICATION:
This building project application is approved by the Division of Facilities Management indicating compliance with current facility plan or minor project under 702 KAR 1:010.

Comments: _____

Director/Branch Manager, Facilities Management

Date: _____

TO BE COMPLETED ON INITIAL APPLICATION WHEN KETS FUNDING IS INDICATED:
Technology Approval: Application approval based on available KETS funding and conformance with approved district technology plan. Disbursement of these funds may require additional approval.

Comments: _____

Director, Division of Systems Support, Education Tech.

Date: _____

TO BE COMPLETED ON INITIAL & REVISED APPLICATION: Financial Approval:
Tentative approval based upon financial information provided this office in support of projected cost.

Comments: _____

Director/Branch Manager, Division of Finance

Date: _____

TO BE COMPLETED ON INITIAL APPLICATION:
This Building project application is hereby approved according to the condition outlined in the application. You should now proceed in accordance with the attached checklist.

Comments: _____

Associate Commissioner, District Support Services

Date: _____

LOCAL BOARD ORDER AUTHORIZING PROJECT MUST BE ATTACHED ON INITIAL & REVISED APPLICATIONS