

District Jefferson District Code 275 Facility Name Breckinridge Metropolitan High Emergency ☐
School Code 129
Grade Level Served 9-12 Current Student Capacity 130 District Organization Plan P

DESCRIPTION AND SCOPE OF PROPOSED PROJECT

A. Check and complete the applicable items:

1. ☐ New Building
2. ☐ Addition
3. ☒ Renovation or Alteration (Describe) Intercom Replacement
4. ☐ Relocatable Classroom Number _____ Size _____
5. ☐ Equipment/Furnishings Procurement (Describe) _____
6. ☐ Other (Describe) _____
7. Site (Complete the Following)
 - a. Site Acquisition _____ Expansion _____ 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)

B. Compliance with 702 KAR 1:001/702 KAR 4:160

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

1. Priority Category: _____
2. Discretionary Item Number: _____
3. Minor project not listed on Facility Plan: X

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

C. Please provide a complete narrative of the proposed project.

The project will provide for the replacement of the intercom system.

LOCAL BOARD ORDER AUTHORIZING PROJECT AND NARRATIVE JUSTIFICATION MUST BE ATTACHED

D. Program Space Square Footage

Complete for new facilities, additions and renovations.

New Facility:

_____Preschool _____Elementary _____Middle _____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	_____	_____Guidance Office (GUO)	_____
_____ (Self Contained) (SE)	_____	_____Guidance Reception (GUR)	_____
_____Resource - Elementary (ER)	_____	_____Custodial Receiving (CR)	_____
_____Resource - Middle/High (MHR)	_____	_____Site Based Office (SBO)	_____
_____Art - Elementary (ARE)	_____	_____Site Based Conference (SBC)	_____
_____Art - Middle/High (MHR)	_____	_____Family Resource Area (FRA)	_____
_____Band (BA)	_____	_____First Aid with Toilet (FA)	_____
_____Vocal Music (MUV)	_____	_____Records Room (RR)	_____
_____Music - Elementary (MUE)	_____	_____Workroom (WR)	_____
_____Computer - Elementary (COE)	_____	_____Kitchen (K)	_____
_____Computer - Middle (COM)	_____	_____Cafeteria (C)	_____
_____Computer - High (COH)	_____	_____Mechanical Room (MR)	_____
_____Science Room (SCR)	_____		
_____Science Room Lecture Lab (SCL)	_____	Other:	
_____Auditorium (AU)	_____	_____Bay Bus Garage (BU)	_____
_____Library (L)	_____	_____Central Office (CO)	_____
_____Physical Education (PE)	_____	_____Board Room (BR)	_____
_____Agriculture (AG)	_____	_____Central Storage Facility (CSF)	_____
_____Business Education (BE)	_____		
_____Developmental	_____	_____Other _____	_____
_____ Occupations (DO)	_____	_____Other _____	_____
_____Marketing Education (ME)	_____	_____Other _____	_____
_____Home Economics (HE)	_____		
_____Industrial Technology (IT)	_____	TOTAL NET PROGRAM SPACE	_____
_____Drafting (DRF)	_____		
_____Other _____	_____		
_____Other _____	_____		
_____Other _____	_____		
_____Other _____	_____		

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

Breckinridge Metropolitan High School: Intercom Replacement

A. Statement of Probable Cost:

1.	Total Construction Cost	<u>\$123,200.00</u>
2.	Architect/Engineer Fee	<u>\$9,979.00</u>
3.	Construction Manager Fee	<u>\$0.00</u>
4.	Bond Discount	<u>\$0.00</u>
5.	Fiscal Agent Fee	<u>\$0.00</u>
6.	Contingencies	<u>\$6,160.00</u>
7.	Site Acquisition	<u>\$0.00</u>
8.	Equipment/Furnishings	<u>\$0.00</u>
9.	Equipment/Computers	<u>\$0.00</u>
10.	Technology Network System (KETS)	<u>\$0.00</u>
11.	Other: <u>Reimbursables</u>	<u>\$661.00</u>
12.	Other: <u> </u>	<u>\$0.00</u>
13.	Other: <u> </u>	<u>\$0.00</u>
14.	Other: <u> </u>	<u>\$0.00</u>
Total Estimated Cost:		<u>\$140,000.00</u>

*Define

B. Funds Available:

1.	SFCC Cash Requirement	<u>\$0.00</u>
2.	SFCC Bond Requirement	<u>\$0.00</u>
3.	SFCC Bond Sale	<u>\$0.00</u>
4.	Local Bond Sale	<u>\$0.00</u>
5.	Cash – General Fund	<u>\$140,000.00</u>
6.	Cash – Capital Quality	<u>\$0.00</u>
7.	Cash – Building Fund	<u>\$0.00</u>
8.	Cash Investment Earnings	<u>\$0.00</u>
9.	KETS <u> </u>	<u>\$0.00</u>
10.	Other <u> </u>	<u>\$0.00</u>
11.	Other <u> </u>	<u>\$0.00</u>
12.	Other: <u> </u>	<u>\$0.00</u>
13.	Other: <u> </u>	<u>\$0.00</u>
14.	Other: <u> </u>	<u>\$0.00</u>
Total Funds Available		<u>\$140,000.00</u>

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 stated funds are available and designated for this project during this fiscal year.

_____ Superintendent _____ Date
 _____ Finance Officer _____ Date
 _____ Chairman _____ Date

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/Branch Manager, Division of District Operations.

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 4:180

Comments: _____

 Director/Branch Manager, Facilities Management
 Date: _____

TO BE COMPLETED ON INITIAL & REVISED APPLICATION:

Tentative financial approval based upon information provided to this office in support of projected cost

Comments: _____

 Director/Branch Manager, Division of District Operations
 Date: _____

TO BE COMPLETED ON INITIAL APPLICATION:

This building project application is hereby approved according to the conditions outlined in the application. Proceed in accordance with the attached submittal checklist.

Comments: _____

 Associate Commissioner, District Support Services
 Date: _____

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