

Emergency ☒

District: Henderson County District Code: 251 Facility Name: Spottsville Elementary School Code: 110

Grade Level Served: _____ Current Student Capacity: _____ District Organization Plan: _____

1. DESCRIPTION AND SCOPE OF PROPOSED PROJECT

A. Check and complete the applicable items:

1. New Building
2. Addition
3. Renovation or Alteration (Describe) Replace broken air-handling unit that serves classrooms and administrative areas. This work needs to be performed prior to opening of school.
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 4:180 and 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. Provide a complete narrative of the proposed project.

Replace one above-ceiling air-handling unit which serves three instructional areas and administrative offices. Work will need to be performed while areas are unoccupied. Sprinkler piping will need to be temporarily removed to allow for replacement of defective unit.

D. Proposed work related to the project but excluded from the scope of this BG1: _____

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 _____ 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	_____	_____ 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 (AR)	_____	_____ Family Resource Area (FRA)	_____
_____ Band (BA)	_____	_____ First Aid with Toilet (FA)	_____
_____ Vocal Music (MUV)	_____	_____ Records Room (RR)	_____
_____ Music (MUE)	_____	_____ Workroom (WR)	_____
_____ Computer (Elementary) (COE)	_____	_____ Kitchen (K)	_____
_____ Computer - Middle (COM)	_____	_____ Cafeteria (C)	_____
_____ Computer - High (COH)	_____	_____ Mechanical Room (MR)	_____
_____ Science Classroom (SCR)	_____		
_____ Science Lecture Lab (SCL)	_____	Other:	
_____ Auditorium (AU)	_____		
_____ Business Education	_____		
_____ Computer Lab (BEL)	_____	_____ Bay Bus Garage (BU)	_____
_____ Pathways to Careers (PC)	_____	_____ Central Office (CO)	_____
_____ Marketing Education 1 Lab (ME)	_____	_____ Board Room (BR)	_____
_____ Fam. & Consumer Sciences (FCS)	_____	_____ Central Storage Facility (CSF)	_____
_____ Industrial Technology (IT)	_____		
_____ Drafting (DRF)	_____	Other	_____
		Other	_____
		Other	_____
Other	_____		
Other	_____		
Other	_____		
Other	_____		
Other	_____		

TOTAL NET PROGRAM SPACE _____ N/A

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	\$42,000.00
2. Architect/Engineer Fee	\$7,056.00
3. Construction Manager Fee	\$0.00
4. Bond Discount	\$0.00
5. Fiscal Agent Fee	\$0.00
6. Contingencies	\$2,100.00
7. Site Acquisition	\$0.00
8. Equipment/Furnishings	\$0.00
9. Equipment/Computers	\$0.00
10. Technology Network Sys. (KETS)	\$0.00
11. Other* Site Survey	
12. Other* Printing, Plan Review, €	\$250.00
13. Other* Geotech	
14. Other* Special Inspections	
Total Estimated Cost	\$51,406.00

*Define

B. Funds Available:

1. SFCC Cash Requireme	\$0.00
2. SFCC Bond Req.	\$0.00
3. SFCC Bond Sale	\$0.00
4. Local Bond Sale	\$0.00
5. Cash - General Fund	\$51,406.00
6. Cash - Capital Outlay	\$0.00
7. Cash - Building Fund	\$0.00
8. Cash - Investment Earr	\$0.00
9. KETS	\$0.00
10. Other	\$0.00
11. Other	\$0.00
12. Other	\$0.00
13. Other	\$0.00
14. Other	\$0.00
Total Funds Available	\$51,406.00

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

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/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 APPLICATION