

Emergency ☒

District: Hardin County District Code: 231 Facility Name: Freezer Unit Child Nutrition School Code: \_\_\_\_\_

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) \_\_\_\_\_

- 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 1:00 1/702 KAR 4:160

This application is being submitted for (refer to current plan):

- 1 ☐ Priority Category: \_\_\_\_\_  
2 ☐ Discretionary Item Number: \_\_\_\_\_  
3 ☐ Minor project not listed on Facility Plan: \_\_\_\_\_

If None Of The Above Apply, Your Facility Plan Will Need To Be Amended

C Please provide a complete narrative of the proposed project.

This is an emergency BG1 for the purpose of repairs to outdoor freezer unit at Child Nutrition site.  
Floor has cracked and there is a need to replace this flooring to allow unit to function properly.

Local Board Order Authorizing Project And Narrative Justification Must Be Attached

## D Program Space Square Footage

(Page 2 does not apply to an emergency BG1)

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>
<b>Instructional:</b>		<b>Support Space:</b>	
_____ 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 (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 Room (SCR)	_____		
_____ Science Lecture Lab ((SCL)	_____	Other:	
_____ Auditorium (AU)	_____		
_____ Business Education (BE)	_____	_____ Bay Bus Garage (BU)	_____
_____ Developmental	_____	_____ Central Office (CO)	_____
_____ Occupations (DO)	_____	_____ Board Room (BR)	_____
_____ Marketing Education (ME)	_____	_____ Central Storage Facility (CSF)	_____
_____ Home Economics (HE)	_____		
_____ Industrial Technology (IT)	_____	Other _____	_____
_____ Drafting (DRF)	_____	Other _____	_____
		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	\$50,000.00
2. Architect/Engineer Fee	\$0.00
3. Construction Manger Fee	\$0.00
4. Bond Discount	\$0.00
5. Fiscal Agent Fee	\$0.00
6. Contingencies	\$0.00
7. Site Acquisition	\$0.00
8. Equipment/Furnishings	\$0.00
9. Equipment/Computers	\$0.00
10. Technology Network Sys. (KETS)	\$0.00
11. Other	\$0.00
<b>Total Estimated Cost</b>	<b>\$50,000.00</b>

B. Funds Available:

1. SFCC Cash Requirement	\$0.00
2. SFCC Bond Requirement	\$0.00
3. SFCC Bond Sale	\$0.00
4. Local Bond Sale	\$0.00
5. Cash - General Fund	\$0.00
6. Cash - Capital Outlay	\$50,000.00
7. Cash - Building Fund	\$0.00
8. Cash - Investment Earnings	\$0.00
9. KETS	\$0.00
10. Other	\$0.00
11. Other	\$0.00
<b>Total Funds Available</b>	<b>\$50,000.00</b>

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  
\_\_\_\_\_  
Chairman  
ORIGINAL SIGNATURES REQUIRED

\_\_\_\_\_  
Date  
\_\_\_\_\_  
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 of Division of Finance.

**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 Technology

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, Office of District Support Services

Date: \_\_\_\_\_

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