KENTUCKY DEPARTMENT OF EDUCATION
DIVISION OF FACILITIES MANAGEMENT

BG-1, 2008
Project Application Form
702 KAR 4:160

Emergency ☐

District: **Nelson County** District Code: **451** Facility Name: **Cox's Creek Elementary School** School Code: **050**

Grade Level Served: **PS-5** Current Student Capacity: **550** 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) **Replacement of roofing system.**
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)**

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.

The original roof at Cox's Creek Elementary School will be removed complete and replaced with a new roofing system. Existing copings, gutters, and downspouts will be examined for suitability for reinstallation and will either be reinstalled or replaced.

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 _____ x Elementary _____ Middle _____ High _____ Alternative Center

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

Number		Total Net Program Sq. Ft.
	Instructional:	
_____	Preschool Classroom (P)	_____
_____	Elementary Classroom (E)	_____
_____	Middle/High Classroom (MH)	_____
_____	Special Education/FMD	_____
_____	(Self-Contained) (SE)	_____
_____	Resource - Elementary (ER)	_____
_____	Resource - Middle/High (MHR)	_____
_____	Art - Elementary (ARE)	_____
_____	Art - Middle/High (AR)	_____
_____	Band (BA)	_____
_____	Vocal Music (MUV)	_____
_____	Music (MUE)	_____
_____	Computer (Elementary (COE)	_____
_____	Computer - Middle (COM)	_____
_____	Computer - High (COH)	_____
_____	Science Classroom (SCR)	_____
_____	Science Lecture Lab (SCL)	_____
_____	Auditorium (AU)	_____
_____	Business Education Computer Lab (BEL)	_____
_____	Pathways to Careers (PC)	_____
_____	Marketing Education 1 Lab (ME)	_____
_____	Fam. & Consumer Sciences (FCS)	_____
_____	Industrial Technology (IT)	_____
_____	Drafting (DRF)	_____
_____	Other _____	
_____	Other _____	
_____	Other _____	
_____	Other _____	
_____	Other _____	

Number		Total Net Program Sq. Ft.
	Support Space:	
_____	General Office (GO)	_____
_____	Staff Office (SO)	_____
_____	Administrative Area (AD)	_____
_____	Guidance Office (GUO)	_____
_____	Guidance Reception (GUR)	_____
_____	Custodial Receiving (CR)	_____
_____	Site Based Office (SBO)	_____
_____	Site Based Conference (SBC)	_____
_____	Family Resource Area (FRA)	_____
_____	First Aid with Toilet (FA)	_____
_____	Records Room (RR)	_____
_____	Workroom (WR)	_____
_____	Kitchen (K)	_____
_____	Cafeteria (C)	_____
_____	Mechanical Room (MR)	_____
	Other:	
_____	Bay Bus Garage (BU)	_____
_____	Central Office (CO)	_____
_____	Board Room (BR)	_____
_____	Central Storage Facility (CSF)	_____
_____	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.

SCHOOL DISTRICT: _____ Initial: ___ Revised: _____ BG# _____

II. PROPOSED PLAN TO FINANCE APPLICATION

A. Statement of Probable Costs:

1. Total Construction Cost	$353,000.00
2. Architect/Engineer Fee	$29,350.00
3. Construction Manager Fee	$0.00
4. Bond Discount	$0.00
5. Fiscal Agent Fee	$0.00
6. Contingencies	$17,650.00
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
12. Other*	$0.00
13. Other*	$0.00
14. Other*	$0.00
Total Estimated Cost	$400,000.00

*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	$0.00
6. Cash - Capital Outlay	$0.00
7. Cash - Building Fund	$400,000.00
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	$400,000.00

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