

THIS IS A DECISION PAPER

TO: HARDIN COUNTY BOARD OF EDUCATION

FROM: NANNETTE JOHNSTON, SUPERINTENDENT

DATE: MARCH 18, 2010

**SUBJECT: APPROVE BG1 FOR RESTROOMS/CONCESSION FACILITIES
JOHN HARDIN BASEBALL/SOFTBALL COMPLEX**

ISSUE

It is necessary for the Board of Education to approve a BG-1 for restrooms and concession facilities at the John Hardin Baseball/Softball complex.

FACTS

There is a need to add public restrooms and concession facilities at the John Hardin Baseball/Softball complex. The Division of Facilities Management at the Kentucky Department of Education requires a BG1 be submitted on this project. It has been determined the probable cost of the project to be around \$175,000. The work for this project will be paid from Capital Construction funds. (See attached BG1).

RECOMMENDATION

I RECOMMEND THAT THE HARDIN COUNTY BOARD OF EDUCATION APPROVE THE BG1 FOR RESTROOMS AND CONCESSION FACILITIES AT THE JOHN HARDIN BASEBALL/SOFTBALL COMPLEX.

RECOMMENDED MOTION

I MOVE THAT THE HARDIN COUNTY BOARD OF EDUCATION APPROVE THE BG1 FOR RESTROOMS AND CONCESSION FACILITIES AT THE JOHN HARDIN BASEBALL/SOFTBALL COMPLEX.

Grade Level Served: 9-12 **Current Student Capacity:** 1200 **District Organization Plan:** PS-5, 6-8, 9-12

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	_____	_____ 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)	_____	_____ Electrical	_____
_____ 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)	_____		
		<u> 2 </u> Other <u>Concessions</u>	<u>608</u>
		<u> 2 </u> Other <u>Restrooms</u>	<u>582</u>
		Other _____	
_____ Other _____			
_____ Other _____			
_____ Other _____			
_____ Other _____			
_____ Other _____			
		TOTAL NET PROGRAM SPACE	1190

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	\$148,000.00
2. Architect/Engineer Fee	\$14,504.00
3. Construction Manager Fee	\$0.00
4. Bond Discount	\$0.00
5. Fiscal Agent Fee	\$0.00
6. Contingencies	\$7,400.00
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* Printing & Plan Review	\$3,096.00
13. Other* Site Survey	\$2,000.00
14. Other*	\$0.00
Total Estimated Cost	\$175,000.00

*Define

B. Funds Available:

1. SFCC Cash Requirement	\$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	\$175,000.00
7. Cash - Building Fund	\$0.00
8. Cash - Investment Earnings	\$0.00
9. KETS	\$0.00
10. Other	\$0.00
11. Other	\$0.00
12. Other	\$0.00
13. Other	\$0.00
14. Other	\$0.00
Total Funds Available	\$175,000.00

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