

Emergency

District: Southgate Ind. District Code: 537 Facility Name: Southgate Elementary School School Code: 10

Grade Level Served: p-8 Current Student Capacity: 255 District Organization Plan: p-8

1. DESCRIPTION AND SCOPE OF PROPOSED PROJECT

A. Check and complete the applicable items:

- 1. New Building
- X 2. Addition
- X 3. Renovation or Alteration (Describe) If funds are available, replace roof on existing building.
- 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 6 Wm Blatt
 - 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: C.I.C.
- 2. Discretionary Item Number: _____
- 3. Minor project not listed on Facility Plan: _____

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

C. Provide a complete narrative of the proposed project.

We are proposing the construction of 4 new classrooms. Also, we would like to get alternate bids for additional restrooms and the replacement of existing roofs.

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

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.)

<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)	_____
_____ 4 Elementary Classroom (E)	3200	_____ 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		_____ Bay Bus Garage (BU)	_____
_____ Computer Lab (BEL)	_____	_____ Central Office (CO)	_____
_____ Pathways to Careers (PC)	_____	_____ Board Room (BR)	_____
_____ Marketing Education 1 Lab (ME)	_____	_____ Central Storage Facility (CSF)	_____
_____ Fam. & Consumer Sciences (FCS)	_____		
_____ Industrial Technology (IT)	_____	Other _____	
_____ Drafting (DRF)	_____	Other _____	
_____ 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 Cost:

1. Total Construction Cost	\$	1,097,691
2. Architect/Engineer Fee	\$	76,838
3. Construction Manager		
4. Bond Discount	\$	25,100
5. Fiscal Agent Fee	\$	13,550
6. Contingencies	\$	55,010
7. Site Acquisition		
8. Equipment/Furnishings	\$	-
9. Equipment/Computers	\$	-
10. Technology Network System (KETS)	\$	-
11. Other	\$	6,800
Bank & Rating		
Printing, Testing, etc.	\$	10,000
Total Estimated Cost	\$	1,284,989

B. Funds Available

1. SFCC Cash Requirement	\$	29,989
2. SFCC Bond Requirement		
3. SFCC Bond Sale	\$	493,952
4. Local Bond Sale	\$	761,048
5. Cash - General Fund		
6. Cash - Capital Outlay	\$	-
7. Cash - Building Fund	\$	-
8. Cash Investment Earnings		
9. KETS		
10. Other		
11. Other		
Total Funds Available	\$	1,284,989

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

 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 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.

Comme _____

 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.

Comme _____

 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, District Support Services
 Date: _____

LOCAL BOARD ORDER AUTHORIZING PROJECT AND NARRATIVE JUSTIFICATION MUST BE ATTACHED