

**GRANT APPLICATION AND EXECUTIVE SUMMARY OF
 EDUCATIONAL SPECIFICATIONS FOR A SCHOOL BUILDING PROJECT**

DISTRICT NAME:	FACILITY NAME AND ADDRESS:	STATE PROJECT NUMBER: (FOR SDE USE ONLY)
CONTACT PERSON & TELEPHONE NUMBER		

Note: This application must be accompanied by (A) a certified copy of the resolution or resolutions adopted by the legislative body of the applicant (i) establishing a building committee for the project; (ii) authorizing at least the preparation of schematic drawings and outline specifications for the proposed project, (iii) authorizing the filing of this grant application, and (iv) authorizing funding for the project and (B) education specifications for the project and written approval of such education specifications by the district's board of education.

TYPE OF FACILITY

- | | |
|--|----------------------|
| | Check
One
Only |
| Standard Program | _____ |
| Regional Vocational Agriculture Center pursuant to CGS Section 10-65 | _____ |
| Regional Special Education Center pursuant to CGS Section 10-76e | _____ |
| Board of Education Administrative Facility | _____ |
| Interdistrict Magnet pursuant to CGS Section 10-264h | _____ |
| Non-Magnet Interdistrict Cooperative pursuant to CGS Section 10-158a | _____ |

TYPE OF PROJECT

- | | | |
|---|-------------------------|-----------------------------------|
| | Check all
that apply | Complete and
submit schedules: |
| Purchase of Facility | _____ (PF) | 1, 2, 3, 4 |
| New Facility Construction | _____ (N) | 1, 2, 3, 4, 6 |
| Extension of Facility | _____ (E) | 1, 2, 3, 4, 6, 8 |
| Alteration of Existing Facility | _____ (A) | 1, 2, 4, 5, 6, 8 |
| Purchase of Relocatable Classrooms | _____ (RE) | 1, 2, 3, 4, 6, 8 |
| Energy Conservation | _____ (EC) | 1, 2, 3, 4, 5, 6, 8 |
| Roof Replacement | _____ (RR) | 1, 2, 7 |
| Code Violation | _____ (CV) | 1, 2, 5 |
| Indoor Air Quality | _____ (IAQ) | 1, 2, 5 |
| Site Acquisition | _____ (PS) | 1, 2, 3, 4 |
| Vo-Ag Equipment pursuant to CGS Section 10-65 | _____ (VE) | 1, 2 |
| Renovation pursuant to CGS Section 10-282 | _____ (RNV) | 1, 2, 3, 4, 5, 6, 7, 8 |

COMPLETE SCHEDULE 9 IF ELIGIBLE FOR ADDITIONAL REIMBURSEMENT AS A:

- | | |
|--|-------------------------|
| | Check all
that apply |
| School Readiness Program pursuant to CGS Section 10-285a(e). | _____ |
| Lighthouse School pursuant to CGS Section 10-285a(f) | _____ |
| Interdistrict Attendance Program (CHOICE) pursuant to CGS Section 10-285a(g) | _____ |
| Class Size Reduction Program pursuant to CGS Section 10-285a(h) | _____ |
| Full-Day Kindergarten Program pursuant to CGS Section 10-285a(h) | _____ |

CERTIFICATION: I hereby certify that the above referenced school district has been duly authorized in accordance with C.G.S. Section 10-283 to apply for and accept grants as provided in Chapter 173 of the Connecticut General Statutes and that all requirements of Section 10-287c-4 of the regulations of the state board of education pertaining to use of funds, maintaining of records and access thereto will be met.

Superintendent's/Director's Name	Signature:	Date:
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State Project No. _____

Schedule 1: General Project Data

a. Is this project in accordance with the district's long-term school building program established pursuant to CGS Section 10-220?

YES NO Explain answer:

b. Does the district intend to continue using this facility for public educational purposes for the foreseeable future?

YES NO If "NO", explain answer:

c. Check all applicable reasons for this project:

- Increased facility enrollment due to general student population increase.
- Increased facility enrollment due to redistricting or regrading of facilities.
- Programmatic changes within the facility.
- Correction of code violations
- Upgrade of facility due to general age and condition.
- Replacement of existing facility. Name of facility being replaced: _____
- Upgrade of facility to current voice, data and video technology standards.
- Repair to facility for damages due to catastrophic loss (fire, flood, wind, etc.)
- Energy Conservation (describe): _____
- _____
- _____
- _____
- Other (explain): _____
- _____
- _____

d. List separately, and give reasons for, any work on: 1) Outdoor athletic facilities and/or Tennis courts, 2) Natatorium, 3) Gymnasium seating area, or 4) Auditorium seating area. Check here if not applicable.

e. Within the 5 years prior to the date of this application, has the district abandoned, sold, leased, demolished or redirected the use of any school facility constructed or renovated with state assistance?

YES NO

If "YES", provide name of facility and brief details _____

Schedule 2: ESTIMATED PROJECT COSTS AND FINANCING

A. ELIGIBLE AUDITORIUM SEATING AREA:

- a1. Auditorium seating capacity
- a2. Total square footage of auditorium _____ s.f.
- a3. Square footage of seating area _____ s.f.
- a4. Total construction cost of auditorium
(excluding seats and installation) _____
- a5. Construction cost of seating area
((Item a3 / Item a2) x Item a4) _____
- a6. Costs of seats and installation
(not included in Item a4) _____
- a7. **Total cost of auditorium seating area**
(Item a5 + Item a6) _____

B. PROJECT FINANCING:

- General Fund:
- State Grant - Progress Payments _____
 - Other General Funding _____
 - Current Bonds/Notes _____
 - Future Bonds/Notes _____
 - Sub-Total General Fund/Bonding _____
- Other Funding:
- Rebates _____
 - Insurance Proceeds _____
 - Federal/Other State Grants _____
 - Other Financing _____
 - Describe: _____
 - Sub-Total Other Funding _____
- TOTAL FINANCING** _____

C. ESTIMATED PROJECT COSTS:

ELIGIBLE COSTS

- Architectural Design _____
- Site Acquisition _____
- Facility Purchase _____
- Other professional fees _____
- Construction (Fully eligible) _____
- Bonus area - School Readiness _____
- Bonus area - Full day K/Class size reduction _____
- Equipment/Furnishings _____
- Eligible Costs Sub-Total _____

LIMITED ELIGIBLE COSTS

- Outdoor Athletic Facilities and Tennis Courts _____
- Natorium _____
- Eligible auditorium seating area (from Item a7) _____
- Eligible gymnasium seating area costs _____
- Limited Eligible Costs Sub-Total _____

INELIGIBLE COSTS

- Ineligible site acquisition costs _____
- Ineligible facility purchase costs _____
- Ineligible construction costs _____
- Ineligible bonus area-School Readiness _____
- Ineligible bonus area-Full day K/Class size _____
- Unauthorized cost increase _____
- Contingency _____
- Other ineligible costs _____
- Describe: _____
- Ineligible Costs Sub-Total _____

TOTAL ESTIMATED PROJECT COSTS _____

NOTE: "TOTAL FINANCING" MUST AGREE WITH "TOTAL ESTIMATED PROJECT COSTS"

State Project No. _____

Schedule 3: Site and Facility Purchase Data

Note: The cost of purchasing a site or a building and site shall not be eligible for reimbursement unless the State Department of Education has inspected and authorized the use of the site or the building and site prior to review of final plans. No school building project for which state assistance is sought shall be undertaken except according to a plan and on a site approved by the State Department of Education, the town or regional board of education and by the building committee of such town or district.

a. This project includes purchase of: (check all that apply)

Building (Submit copies of two current independent appraisals AND Worksheet to Determine Maximum Eligible Cost of Purchasing a Facility or Site)

Relocatable(s) (If previously owned, submit copies of two current independent appraisals AND Worksheet to Determine Maximum Eligible Cost of Purchasing a Facility or Site)

* **Site** (Submit copies of two current independent appraisals AND Worksheet to Determine Maximum Eligible Cost of Purchasing a Facility or Site)

No site or facility purchase

* If this project includes a site purchase, complete items b. through d.

- b. Number of acres owned for this facility prior to this purchase. _____ acres
- c. Number of acres purchased as part of this project. _____ acres
- d. Total acres after this purchase (b + c) _____ acres

Schedule 4: Educational Technology Infrastructure

a. Does this project include educational technology enhancements for voice, data and video? YES NO

b. If this application is for new construction, alteration or renovation to the building, has the feasibility of wireless connectivity technology been considered? YES NO

c. Indicate the extent of the educational technology infrastructure in the facility at completion of this project (check all that apply).

Entire Facility	_____	Media Center	_____
Student Support Areas	_____	Computer Labs	_____
Some Classrooms	_____	None	_____
All Classrooms	_____		

d. If this project does not address the needs of educational technology, explain why not.

_____ Already addressed for entire facility.

_____ Other: (explain)

State Project No. _____

Schedule 5: Codes

Indicate the codes being addressed by this project.

(Check all that apply)

OSHA

ACCESS FOR PERSONS WITH DISABILITIES

____ Accessibility to all programs

____ Limited accessibility (describe) _____

BUILDING

____ Building area limits

____ Structural load

____ Seismic analysis

____ Mixed use

HEALTH

____ Asbestos

____ Kitchen

____ Toilet rooms

____ Environment

FIRE

____ Sprinkler

____ Rating of elements

____ Fire alarm

____ Emergency lighting

____ HVAC

____ Rescue & vent windows

____ Electrical

OTHER (describe work not listed above.) _____

Schedule 6: Space Standards Data

Please also (1) complete and submit the Space Standards Worksheet and (2) provide copies of the enrollment projections in support of item h.

a. Year of Original Construction for this facility

b. Total facility floor area prior to this project

+ _____ sq.ft.

c. Existing floor area which will be removed from service as part of this project

- _____ sq.ft.

e. New floor area which will be added as part of this project

+ _____ sq.ft.

f. Total facility floor area at the completion of this project (b - c + e)

= _____ sq.ft.

g. Portion of the total facility floor area, at completion of this project, constructed prior to 1950

_____ sq.ft.

h. Highest projected enrollment for this facility during the 8 year period starting the next October 1 following the date of this application

_____ students

i. Grades which will be housed in the facility during this 8 year projection period (Circle all that apply)

Pre-K/K 1 2 3 4 5 6 7 8 9 10 11 12

State Project No. _____

Schedule 7: Roof Replacement

a. Is this a vertical replacement (i.e. removal of all materials down to or including the deck before installation) of a whole roof? YES NO *

* If "NO", proceed no further; this roof replacement is not eligible for a Chapter 173 grant.

b. Is this the only roof covering the entire facility? YES NO

c. For all roof replacement projects:
 What is the total roofing area of the facility? _____ square feet
 What is the area of the roof being replaced? _____ square feet

d. Roof replacement costs by age of roof: (Complete for all roof replacement projects.):
Note: If roof area is 15 years or older and less than 20 years old, REDUCED roof replacement costs are eligible for grant payments. Costs will be reduced per the table below for roofs which are not certified below for improper design or construction.

Roof Section Designation or Description (if applicable)	Square Footage of Roof Section	Age of Roof Section	Estimated Roof Replacement Costs	Estimated Ineligible Costs	Project Costs Reduction
		20+ years			N/A
		19 years			5%
		18 years			10%
		17 years			15%
		16 years			20%
		15 years			25%
		Less than 15 years			100%

e. For roof areas less than 20 years old:
Note: If roof area is less than 20 years old, BOTH certifications below MUST be signed for TOTAL roof replacement costs to be considered for grant payments.

1. I hereby certify and attest that I have inspected said roof area and found it to be:
 improperly designed _____
 improperly constructed _____

Signature _____ Print Name _____

Title (check one) Registered Architect _____ Registered Engineer _____

2. I hereby certify and attest that the district has recovered damages in the amount of \$ _____, and is prohibited from recovery of further damages or has no other recourse at law or in equity.

Signature _____ Print Name _____

Title (check one) Town Attorney _____ Board Attorney _____

State Project No. _____

Schedule 8: Extension and Alteration Detail

a. Extension Projects - If additional floor space is being added, indicate each type in the boxes below. Use blank spaces provided for types not listed.

<input type="checkbox"/> Regular instruction	<input type="checkbox"/> Computer rooms	<input type="checkbox"/> Health	<input type="checkbox"/> Natatorium
<input type="checkbox"/> Special ed.	<input type="checkbox"/> Industrial arts	<input type="checkbox"/> Guidance office	<input type="checkbox"/> Kitchen
<input type="checkbox"/> Science labs.	<input type="checkbox"/> Music	<input type="checkbox"/> Auditorium	<input type="checkbox"/> Cafeteria
<input type="checkbox"/> Media center	<input type="checkbox"/> Phys. ed.	<input type="checkbox"/> School admin.	<input type="checkbox"/> Custodial
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

If extension is a relocatable, check the applicable box:

<input type="checkbox"/> New (includes installation)	<input type="checkbox"/> Used (includes installation)	<input type="checkbox"/> Intradistrict (installation only)
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b. Alteration Projects - Check the appropriate box below.

Relocation of existing programs to newly constructed space. Describe programs being moved.

Change in the use of existing space. Provide detail (e.g. regular ed classrooms converted to science lab; media center converted to special ed rooms).

Schedule 9: Supplemental Data for School Building Projects Involving Bonus Programs Pursuant to C.G.S. Section 10-285a, subsections (e) through (h).

School Readiness Program (C.G.S. Section 10-285a(e))
Square footage included in this project for a school readiness program. _____ sq. ft.
Square footage of total project area. _____ sq. ft.

Lighthouse School (C.G.S. Section 10-285a(f))
(The project must be located in an existing public school building)

Is this project necessary to convert the building for use as a lighthouse school pursuant to C.G.S. Section 10-266cc? _____ YES/ _____ NO

Out-of-District Students (CHOICE) (C.G.S. Section 10-285a(g))
Total number of spaces at this facility that will be made available for CHOICE students at the completion of this project. _____
Highest projected eight-year enrollment for this facility. _____

Full-Day Kindergarten or Reduced Class-Size (C.G.S. Section 10-285a(h))
Is the school:
in a priority school district? _____ YES/ _____ NO
a priority school in a non-priority school district? _____ YES/ _____ NO
Is the project necessary in order to:
offer a full-day kindergarten? _____ YES/ _____ NO
reduce class size pursuant to C.G.S. Section 10-265f? _____ YES/ _____ NO
Square footage of total project area. _____ sq. ft.
Square footage of area used primarily for such full-day kindergarten. _____ sq. ft.
Square footage of area used primarily for such reduced-size classes. _____ sq. ft.