

**NYS EDUCATION DEPARTMENT**

**CAPITAL CONSTRUCTION/RENOVATION  
PROJECT  
APPLICATION PACKET**

**AUGUST 2007**

School Name: \_\_\_\_\_

**FORM G/I - GENERAL INFORMATION**

Legal Name of Agency: \_\_\_\_\_

A/K/A, if applicable: \_\_\_\_\_

Superintendent/  
Executive Director Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Contact Person for these forms \_\_\_\_\_  
- Name, Title, Phone Number  
and E-Mail address \_\_\_\_\_

School Location(s)  
if different from mailing address: \_\_\_\_\_  
\_\_\_\_\_

Project Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are floor plans and a site plan included as part of this submission? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain. \_\_\_\_\_  
\_\_\_\_\_

I declare that I have examined the attached packet and it is a true and complete statement of the required information.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Superintendent/Executive Director

School Name: \_\_\_\_\_

**FORM CP-1 – General Program Information**

1. Complete the following regarding the population.

	<u>School Age</u>		<u>Preschool</u>	
	<u>2 Mo.</u>	<u>10 Mo.</u>	<u>2 Mo.</u>	<u>10 Mo.</u>
a. Number of <u>new</u> FTE* students who will be educated as a result of facilities developed through this project	_____	_____	_____	_____
b. Number of <u>new</u> FTE* students to be educated which are not a result of this project.	_____	_____	_____	_____
c. Number of FTE* students currently enrolled	_____	_____	_____	_____
d. Anticipated Total FTE* Enrollment in the first year of operations once the facility is completed	_____	_____	_____	_____

2. Please report total anticipated FTE\* enrollment by placement source. This number should equal the total in line 1(d) above.

	<b>NUMBER OF CHILDREN WITH DISABILITIES</b>			
	<b>School Age</b>		<b>Preschool</b>	
	<b>2 Mo.</b>	<b>10 Mo.</b>	<b>2 Mo.</b>	<b>10 Mo.</b>
<b>School District Placements</b>				
<b>Family Court Placements</b>				
<b>Section 4410 (3-4 yr. Olds) SD Placements</b>				
<b>Local Social Services District Placements</b>				
<b>Other (Specify)</b>				
<b>Total</b>				

\* Please calculate FTE's according to instructions provided in the completion guidelines.

3. Attach a description of the current educational programs offered by your school. If applicable, describe any new or proposed changes to educational programs and other related services that will be provided in the new or renovated building(s).
4. Provide a concise narrative description of the proposed project. This description **MUST** include a precise reference to **EACH** of the following as appropriate:
  - a. Need for project (see attached "Criteria and Guidelines for Development, Review and Approval of Capital Project Applications" for additional information).

School Name: \_\_\_\_\_

**FORM CP-1** (Continued)

- b. Type of project: (e.g. new building, addition, alteration/renovation, site development)
  - c. Kind of facility (e.g., school, bus garage, administration, or other - please specify)
  - d. Size of project: (gross floor area, size of site, maximum FTE student enrollment, number of classrooms, etc.)  
For each item, provide data for both proposed and existing facilities.
  - e. Kinds of alteration/renovations work proposed: (e.g., general re-construction, utility service, site development, etc.)
5. Provide a copy of line drawings of the proposed floor plans (need not be blueprint quality). These drawings need to include room labels, the square footage of each room and the classroom ratio size to be served. For all office and therapy spaces, specify the specific type of space (e.g. speech room, guidance office) and the number of staff designated for that area. If any room will serve multi-functioning purposes (e.g. multi-purpose room) please provide an attachment detailing the different uses.
6. If applicable, describe any changes in outdoor facilities on school property as a result of the capital construction project.
7. Please indicate the type(s) of financing (e.g. IDA bond, conventional mortgage, fund raising, etc.) that is planned to be used to fund this project.
8. Special Act School Districts must contact the State Education Department's Office of Facilities Planning to initiate the process for Building Aid and obtaining a Building Permit. This should be done at the same time as submitting this application.



School Name: \_\_\_\_\_

**FORM CP-3 – Description of Current Physical Plant**

For each building currently occupied by your school, complete a FORM CP-3. Please photocopy as many of these forms as you need.

Building Name \_\_\_\_\_ Is this building rented or owned? \_\_\_\_\_

1) Year constructed \_\_\_\_\_ 4) Number of floors \_\_\_\_\_

2) Total square footage \_\_\_\_\_ 5) Number of classrooms per floor \_\_\_\_\_

3) Total square footage allocated to: 6) Number of exits per floor \_\_\_\_\_

a) Education \_\_\_\_\_

b) Residential \_\_\_\_\_

c) Other \_\_\_\_\_

7) Are areas designated as education space used for other than educational purposes? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8) This building contains the following: (Check all that apply)

a) Gymnasium \_\_\_\_\_ g) Sprinkler system \_\_\_\_\_

b) Classrooms \_\_\_\_\_ h) Fire alarm system \_\_\_\_\_

c) Lunchroom/Cafeteria \_\_\_\_\_ i) Smoke alarm system \_\_\_\_\_

d) Kitchen \_\_\_\_\_ j) Program accessibility for physically disabled \_\_\_\_\_

e) Library \_\_\_\_\_ k) Toilets accessible for the physically disabled \_\_\_\_\_

f) Auditorium \_\_\_\_\_ l) Other (Please describe:) \_\_\_\_\_

9) Will the use of this building change subsequent to completion of this capital construction project? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe the anticipated use of the existing space after the completion of the project. \_\_\_\_\_

\_\_\_\_\_

10) Provide the name of the Agency or Municipality that issued the current Certificate of Occupancy:

\_\_\_\_\_

School Name: \_\_\_\_\_

**FORM CP-4 - ESTIMATED PROJECT COST**

DESCRIPTION		NEW CONSTRUCTION	RENOVATION	COMMENT
<b>A. Building Construction (exclusive of Site Work)</b>				
A1. General Construction		\$	\$	
A2. Heating, Plumbing, Electric				
A3. Other (Specify):				
A4. Total Building Costs (A1-A3):		\$	\$	
<b>B. Incidental Costs</b>				
B1. Architect/Engineer Fees		\$	\$	
B2. Construction Management				
B3. General Administration/Legal and Insurance				
B4. Site Development	Parking Areas			
	Walkways			
	Landscaping			
	Other (Specify)			
B5. Utilities and Services	Electric, Gas, & Telephone			
	Water & Sewage			
	Other (Specify)			
B6. Furniture & Equipment (Please attach a detailed listing)				
B7. Other	Demolition			
	Project Contingency			
	Other (Specify)			
B8. Total Incidental Costs (B1-B7)		\$	\$	
C. Land Purchase		\$		
D1. Total Building, Incidental Costs, & Land Purchase (A4+B8+C)		\$	\$	
D2. Total Project Costs (New Construction + Renovation)			\$	

School Name: \_\_\_\_\_

**FORM CP-5 - PROJECTED FINANCIAL IMPACT ON FACILITY COSTS**

For each SED program, complete the following to demonstrate how the proposed project will increase/decrease the annual facility related costs. Please use the approved program's most recent certified cost report to complete this information. Only facility costs should be included.

**PROGRAM**

<b>FACILITY COST DESCRIPTION</b>	<b>ACTUAL ANNUAL FACILITY-RELATED COSTS REPORTED ON MOST RECENT CERTIFIED COST REPORT*</b>	<b>ESTIMATED ANNUAL FACILITY-RELATED COSTS AFTER PROJECT COMPLETION</b>
Maintenance Salaries	\$	\$
Maintenance Fringe Benefits		
Utilities		
Rent		
Maintenance Supplies		
Facility-Related Repairs and Mtnce.		
Property Insurance		
Real Estate Taxes		
Other (Specify)		

\* Cost Report Used: \_\_\_\_\_ For Year Ending \_\_\_\_\_

School Name: \_\_\_\_\_

**FORM CP-6 - STUDENT FTE ENROLLMENT DATA**

By program, provide student FTE enrollment statistics for the past five years.

PROGRAM: \_\_\_\_\_

SCHOOL YEAR	10 MONTH FTE	2 MONTH FTE

By program, provide projected student FTE enrollment for the next five years.

PROGRAM: \_\_\_\_\_

SCHOOL YEAR	10 MONTH FTE	2 MONTH FTE

School Name: \_\_\_\_\_

**FORM CP-7 - CHECKLIST OF DOCUMENTS REQUIRED FOR SUBMISSION OF APPLICATION**

<b>DOCUMENT</b>	
Completed Application Packet	
Floor Plans & Site Plans (if required)	
Code Citation Report (if required)	

A complete submission consisting of the above documents should be sent to the following:

<b>NAME</b>	<b># OF COPIES REQUIRED</b>
Ms. Margaret Gibson, Associate Accountant NYS Education Department Rate Setting Unit Room 304 NW Albany, New York 12234	3
Ms. Monica Short Associate NYS Education Dept. One Commerce Plaza Room 1623 Albany, New York 12234	3
Appropriate NYS Education Department Regional Associate	1