

**NYS EDUCATION DEPARTMENT**

**CAPITAL CONSTRUCTION/RENOVATION  
PROJECT  
APPLICATION PACKET**

**January 2016**

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

**FORM G/I – GENERAL INFORMATION**

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

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

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

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

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

Email Address: \_\_\_\_\_

Contact Person for these forms  
- Name, Title, and Phone Number: \_\_\_\_\_

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

Email 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.)
  - f. Description of property/site (e.g., square footage/acreage, narrative describing setting)
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-2 STAFFING SUMMARY**

Report all staff by job title, including staff that will not change as a result of this capital construction project. List each education program separately. (Staff with the same job title should be grouped together and not listed individually.)

**PROGRAM** \_\_\_\_\_

<b>JOB TITLE</b>	<b>FTE BEFORE CONSTRUCTION*</b>	<b>COST CATEGORY DIRECT/NON DIRECT CARE</b>	<b>FTE AFTER CONSTRUCTION/RENOVATION*</b>

\* FTE's should be reported as 12 month FTE's.

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 \_\_\_\_\_ h) Fire alarm system \_\_\_\_\_

b) Classrooms \_\_\_\_\_ i) Smoke alarm system \_\_\_\_\_

c) Lunchroom/Cafeteria \_\_\_\_\_ j) Program accessibility for physically disabled \_\_\_\_\_

d) Kitchen \_\_\_\_\_ k) Toilets accessible for the physically disabled \_\_\_\_\_

e) Library \_\_\_\_\_ l) Elevator \_\_\_\_\_

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

g) Sprinkler system \_\_\_\_\_

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:

\_\_\_\_\_

## Form CP-3A – Health and Safety Submission Requirements

Instructions: Use this chart to identify significant structural or other facility conditions that are detrimental to ongoing operations and provide the required documentation indicated in column 3, and indicate in column 4 if any other supporting documentation is included in the submission. All submissions are required to include a written narrative describing the existing program and facility and the reason for the capital project, as well as floor plans and/or site plans prepared by design professionals.

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

Facility Components/Issues	Elements/Systems	Required Documentation (See Below – Health and Safety Documentation Requirements)	Other Supporting Documents
<b>I. Structural Integrity</b>			
A. Building Structure	<input type="checkbox"/> Structural Frame: columns, beams, joists, decks, bearing walls <input type="checkbox"/> Building Foundation: walls, footings, slabs, piers <input type="checkbox"/> Building Envelope: windows, roof, wall system, doors <input type="checkbox"/> Stair Construction: fire escapes, railings	A, C, F, H, J	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P
B. Site Structures	<input type="checkbox"/> Bridges, canopies, retaining walls, bleachers, terraces, walks, playground equipment, others	A, J, C	<input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P
<b>II. Fire Safety</b>			
A. Building Fire Safety	<input type="checkbox"/> Fire Alarm/Smoke Detection System <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Emergency Lighting <input type="checkbox"/> Means of Egress System <input type="checkbox"/> Exit signs <input type="checkbox"/> Emergency egress illumination system <input type="checkbox"/> Corridor construction, length of travel, exits <input type="checkbox"/> Door size/swing/location/hardware/fire rating <input type="checkbox"/> Exit stair size/enclosure/location/discharge	E <sup>1</sup> , I, J, K	<input type="checkbox"/> A <input type="checkbox"/> F <input type="checkbox"/> H <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P

<sup>1</sup>Special Act School Districts Only

Facility Components/Issues	Elements/Systems	Required Documentation (See Below – Health and Safety Documentation Requirements)	Other Supporting Documents
B. Site Fire Safety	<input type="checkbox"/> Fire apparatus access roads and parking lots <input type="checkbox"/> Fire hydrants, water service <input type="checkbox"/> Walks serving building exits <input type="checkbox"/> Other	I, J, K	<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P
<b>III. Handicap Accessibility, ADA Compliance</b>			
A. Building	<input type="checkbox"/> Interior accessible route, doorways, ramps, elevator <input type="checkbox"/> Accessible toilet facilities <input type="checkbox"/> Accessible library, auditorium, stage, science rooms, pool <input type="checkbox"/> Area of refuge, signage, equipment	A, E <sup>1</sup> , J	<input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P
B. Site	<input type="checkbox"/> Accessible building entries and walks <input type="checkbox"/> Accessible parking spaces <input type="checkbox"/> Accessible routes to recreation facilities <input type="checkbox"/> Accessible facilities, playground equipment	A, J	<input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P
<b>IV. Health and Safety Issues</b>			
A. Mechanical/Electrical Equipment	<input type="checkbox"/> Gas service equipment, gas piping <input type="checkbox"/> Boiler repairs, replacements, boiler room equipment <input type="checkbox"/> Electrical service equipment repairs, replacements <input type="checkbox"/> Electrical branch wiring, panels, devices, equipment, light <input type="checkbox"/> Emergency electrical systems, generator upgrades <input type="checkbox"/> Kitchen appliances <input type="checkbox"/> Fire pump	D, E <sup>1</sup> , F, J, L	<input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P
B. Indoor Air Quality	<input type="checkbox"/> Heating, ventilating and air conditioning equipment/system operation <input type="checkbox"/> Remediation of mold, mildew, fungi, indoor pollutants, water infiltration <input type="checkbox"/> Asbestos, PCB, lead and other substances being released by deteriorating building materials <input type="checkbox"/> Radon remediation <input type="checkbox"/> Replace unsanitary or expired room finishes	A, B, E <sup>1</sup> , F, J	<input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P

<sup>1</sup>Special Act School Districts Only



Facility Components/Issues	Elements/Systems	Required Documentation (See Below – Health and Safety Documentation Requirements)	Other Supporting Documents
C. Indoor/Domestic Water Quality	<input type="checkbox"/> Well water quality, equipment/site piping <input type="checkbox"/> Municipal water supply/service, water quality <input type="checkbox"/> Deteriorated plumbing systems/piping/ equipment	A, D, J	<input type="checkbox"/> F <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P
D. Sanitary & Storm Sewer Systems	<input type="checkbox"/> Toilet facilities, fixtures, fixture controls, spaces, finishes <input type="checkbox"/> On-site sewage treatment system operation <input type="checkbox"/> Sanitary drain piping and/or municipal sewer connection <input type="checkbox"/> Storm water structures, piping, etc. <input type="checkbox"/> Roof drains, piping	A, D, J	<input type="checkbox"/> F <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P
E. Building Security	<input type="checkbox"/> Door, security hardware, glazing improvements <input type="checkbox"/> Building entry/access system improvements or new installation <input type="checkbox"/> Surveillance system, public address and classroom communication systems	A, J, K	<input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P
F. Neighborhood Issues	<input type="checkbox"/> Clinics, incompatible neighbors <input type="checkbox"/> Pollutants (air, water, noise, etc.) <input type="checkbox"/> Proximity to other hazards <input type="checkbox"/> Other	A, J	<input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P

### Health and Safety Documentation Requirements

Below is a list of the documents that correspond with the letter codes on CP-3A to verify the conditions at the facility and confirm that improvements are necessary.

#### Required Documentation:

- A. Photographs of the buildings, site and specific problems.
- B. AHERA (asbestos in schools) management plan (report which describes types and conditions of asbestos materials which exist in the structure and methods of maintaining those materials in a safe condition).

- C. Structural report (prepared by a structural engineer).
- D. Mechanical and electrical systems report (prepared by an architect or engineer).
- E. "Evaluation of Existing Form" (Special Act School District only). Obtain form from NYSED Office of Facilities Planning, (518) 474-3906
- F. Facility needs assessment report (facility condition prepared by school or consultant).
- G. Environmental site assessment report.
- H. Reports prepared by local code enforcement official.
- I. Annual fire safety reports.
- J. Detailed cost estimates of proposed construction (costs of all major components).
- K. Fire safety management plans (fire code required fire safety plans for public and nonpublic schools).
- L. Records of invoices for maintenance and repairs performed by outside vendors and contractors.
- M. Discussions with local code enforcement officials (minutes or records from phone calls or meetings).
- N. Meetings with school representatives (including design professionals); provide minutes and/or date of meeting.
- O. Email or other written correspondence (provide print out of email).
- P. Site visits by representatives from NYSED (provide date, visitor names and associated documentation).

## Form CP- 3B — Programmatic Submissions Requirements

Instructions: Complete the chart below to identify programmatic issues that pose a compelling negative impact to the provision of instruction to students with disabilities. Submit the chart and the required documentation indicated below. All submissions must include a written justification describing why the existing educational space is inadequate and a capital project is necessary, as well as floor plans and/or site plans prepared by design professionals.

School Name:

Contact:

Programmatic Space	Evaluation Criteria – Standards for Acceptance	Required Documentation
Classroom Space	Documentation clearly shows: <ul style="list-style-type: none"> <li>• Lack of classroom space to operate the-approved number of classes and/or class ratios</li> <li>• Inadequate or unsafe storage space for student-specific equipment</li> <li>• Inadequate or unsafe classroom space due to unique student needs (e.g. medically fragile, behavioral needs)</li> <li>• Current classroom space is inadequate for course curriculum offerings</li> </ul>	<input type="checkbox"/> Written justification <input type="checkbox"/> Floor plans of current space <input type="checkbox"/> Photos (optional)
Related and Other Therapeutic Services	Lack of adequate and appropriate: <ul style="list-style-type: none"> <li>• Space to provide IEP-mandated related services</li> <li>• Storage of therapeutic equipment</li> <li>• Space to provide required behavior interventions</li> <li>• Space to provide other therapeutic services (e.g., sensory room, nursing space)</li> </ul>	<input type="checkbox"/> For each related service space, a Monday-Friday daily schedule documenting use of space <input type="checkbox"/> Number of IEP-mandated weekly related services (group and individual) <input type="checkbox"/> Description of related service delivery model (e.g., push in/ pull out) <input type="checkbox"/> Written narrative <input type="checkbox"/> Floor plans of current and proposed spaces <input type="checkbox"/> Photos (optional)

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**

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

\* Cost Report Used: \_\_\_\_\_

For Year Ending \_\_\_\_\_

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

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

For each SED program, provide student FTE enrollment statistics for the past five years.

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

SCHOOL YEAR	10 MONTH FTE	2 MONTH FTE

For each SED 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**

DOCUMENT	
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:

NAME	# OF COPIES REQUIRED
John Mackey NYS Education Department Rate Setting Unit 89 Washington Avenue, Room 302 EB Albany, New York 12234	3
Teresa Coleman-Hayner NYS Education Dept. Non-District Unit 89 Washington Avenue, Room 304 EB Albany, New York 12234	3
Appropriate NYS Education Department Regional Associate	1