

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

DISTRICT NAME: Waterbury	FACILITY NAME AND ADDRESS: Allied Health, Manufacturing and Mechanical Arts Intra. District High School 235 Birch Street, Wtby. 06704	STATE PROJECT NUMBER: (FOR SDE USE ONLY)
CONTACT PERSON & TELEPHONE NUMBER: Paul Guidone 203-346-2340		

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

- | | |
|--|---|
| Standard Program | Check
One
Only
<input checked="" type="checkbox"/> |
| Regional Vocational Agriculture Center pursuant to CGS Section 10-65 | <input type="checkbox"/> |
| Regional Special Education Center pursuant to CGS Section 10-76e | <input type="checkbox"/> |
| Board of Education Administrative Facility | <input type="checkbox"/> |
| Interdistrict Magnet pursuant to CGS Section 10-264h | <input type="checkbox"/> |
| Non-Magnet Interdistrict Cooperative pursuant to CGS Section 10-158a | <input type="checkbox"/> |

TYPE OF PROJECT

- | | Check all
that apply | Complete and
submit schedules: |
|---|---|-----------------------------------|
| Purchase of Facility | <input type="checkbox"/> (PF) | 1, 2, 3, 4 |
| New Facility Construction | <input checked="" type="checkbox"/> (N) | 1, 2, 3, 4, 6 |
| Extension of Facility | <input type="checkbox"/> (E) | 1, 2, 3, 4, 6, 8 |
| Alteration of Existing Facility | <input type="checkbox"/> (A) | 1, 2, 4, 5, 6, 8 |
| Purchase of Relocatable Classrooms | <input type="checkbox"/> (RE) | 1, 2, 3, 4, 6, 8 |
| Energy Conservation | <input type="checkbox"/> (EC) | 1, 2, 3, 4, 5, 6, 8 |
| Roof Replacement | <input type="checkbox"/> (RR) | 1, 2, 7 |
| Code Violation | <input type="checkbox"/> (CV) | 1, 2, 5 |
| Indoor Air Quality | <input type="checkbox"/> (IAQ) | 1, 2, 5 |
| Site Acquisition | <input type="checkbox"/> (PS) | 1, 2, 3, 4 |
| Vo-Ag Equipment pursuant to CGS Section 10-65 | <input type="checkbox"/> (VE) | 1, 2 |
| Renovation pursuant to CGS Section 10-286 | <input type="checkbox"/> (RNV) | 1, 2, 3, 4, 5, 6, 7, 8 |

COMPLETE SCHEDULE 9 IF ELIGIBLE FOR ADDITIONAL REIMBURSEMENT AS A:

- | | |
|--|---|
| School Readiness Program pursuant to CGS Section 10-285a(e). | Check all
that apply
<input type="checkbox"/> |
| Lighthouse School pursuant to CGS Section 10-285a(f) | <input type="checkbox"/> |
| Interdistrict Attendance Program (CHOICE) pursuant to CGS Section 10-285a(g) | <input type="checkbox"/> |
| Class Size Reduction Program pursuant to CGS Section 10-285a(h) | <input type="checkbox"/> |
| Full-Day Kindergarten Program pursuant to CGS Section 10-285a(h) | <input type="checkbox"/> |

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:
----------------------------------	------------	-------

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 49,350,446
 - Other General Funding _____
 - Current Bonds/Notes _____
 - Future Bonds/Notes 13,460,354
 - Sub-Total General Fund/Bonding _____
- Other Funding:
- Rebates _____
 - Insurance Proceeds _____
 - Federal/Other State Grants _____
 - Other Financing _____
 - Describe: _____
 - Sub-Total Other Funding -

TOTAL FINANCING 62,810,800

C. ESTIMATED PROJECT COSTS:

ELIGIBLE COSTS

- Architectural Design 3,492,800
- Site Acquisition _____
- Facility Purchase _____
- Other professional fees 6,024,700
- Construction (Fully eligible) 49,717,300
- Bonus area - School Readiness _____
- Bonus area - Full day K/Class size reduction _____
- Equipment/Furnishings 1,200,000
- Eligible Costs Sub-Total 60,434,800

LIMITED ELIGIBLE COSTS

- Outdoor Athletic Facilities and Tennis Courts _____
- Natatorium _____
- 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 2,376,000
- Other ineligible costs _____
- Describe: _____
- Ineligible Costs Sub-Total 2,376,000

TOTAL ESTIMATED PROJECT COSTS 62,810,800

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. Are technology enhancements planned in accordance with the "Guidelines for Technology Infrastructure in Connecticut Schools" published by the State Department of Education? 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	<input checked="" type="checkbox"/>	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 complete and submit the Space Standards Worksheet.

- | | |
|---|--------------------------------|
| a. Year of Original Construction for this facility | <input type="text" value="-"/> |
| 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 | + <u>144,400</u> sq.ft. |
| f. Total facility floor area at the completion of this project (b - c + e) | = <u>144,400</u> 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 | <u>800</u> 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