



Before completing this application, please read the Application Instructions.

Part I: Application Information

- A. SAU or Municipality: _____
- B. School Name and Address: _____

- C. Project Contact Person and Title: _____
- D. Project Contact Address: _____

- E. Project Contact Phone/e-mail: (207) _____ - _____
E-mail: _____
- F. Person or organization completing application: _____
- G. After careful study of our school facility needs, the board of directors/school committee has voted to proceed with the attached application. Please attach a copy of the board actions (See Exhibit 1 for example).

Superintendent's Signature Date

The Superintendent acknowledges that the Revolving Renovation Loan Fund may be impacted by state policies that are developed concerning school construction and renovations.

REVOLVING RENOVATION LOAN FUND APPLICATION

For Priority I and II – Complete Parts I, II, III and IV

For Priority III – Complete Parts I, II, III, IV, and V
Wireless Infrastructure Purchases - Complete Parts I, II, III only

NEW TEMPORARY INTERIM LEASED SPACE

Complete Parts I, II, III and IV and the EF-B-56T

Part II: Facility Information: (use additional sheets if necessary)

- A. Year of original construction: _____
- B. Dates of major additions and/or major renovations: _____, _____, _____
- C. Total number of educational facilities in the district: _____
- D. Grade levels served in this facility: _____
- E. Current enrollment: District: _____ This facility: _____
- F. Enrollment capacity: District: _____ This facility: _____
- G. List all area(s) affected (classrooms, library, etc.)

- H. List the number(s) of students using the affected area(s) each day:

- I. Total building floor space square footage: _____ sq. ft.
- J. Total roof area of building: _____ sq. ft.
- K. Total building ground coverage (footprint): _____ sq. ft.
- L. Square footage of affected area(s): _____ sq. ft.
- M. Existing site size: _____
- N. Utilities: water: _____
sewer/septic: _____
power (phase(s)): _____
heat fuel: _____
- O. Anticipated or actual project start and completion dates: (mm/yy)
Start: ____/____ Complete: ____/____ Phased: YES/NO ?

Part III: Type of Application: (check box that applies – ONE BOX ONLY)

*****Submit a separate application for each box checked*****

Priority One: Health, Safety and Compliance Renovations

- | | |
|---|---|
| <input type="checkbox"/> Indoor Air Quality (IAQ) | <input type="checkbox"/> Asbestos Abatement |
| <input type="checkbox"/> Roof Renovations | <input type="checkbox"/> ADA Compliance |
| <input type="checkbox"/> Other (please list and explain): | |
-

Priority Two: Infrastructure

- | | |
|---|---|
| <input type="checkbox"/> HVAC Systems | <input type="checkbox"/> Electrical Systems |
| <input type="checkbox"/> Fire Protection Systems | |
| <input type="checkbox"/> Foundation Systems (including concrete slabs & floors) | |
| <input type="checkbox"/> Plumbing Systems | <input type="checkbox"/> Exterior Closure Systems |
| <input type="checkbox"/> Interior Construction Systems | <input type="checkbox"/> Other Systems (please list & explain): |
-

Priority Three: Learning Space Upgrades

- | | |
|--|---|
| <input type="checkbox"/> Upgrade Space (remodel) | <input type="checkbox"/> New Additional Space |
| <input type="checkbox"/> Wireless Infrastructure Purchases | |
| <input type="checkbox"/> <u>Capital Asset Management: Assessment Services</u> | |
| <input type="checkbox"/> <u>Other: (please list and explain):</u> | |
| <input type="checkbox"/> <u>New Temporary Interim Leased Space</u> | |

Part IV: Project Information: Answer A through G on a separate sheet and attach it to this application.

- A. Will students be displaced during this project? If yes, how will they be accommodated?
- B. Does the district plan to do this project on schedule if funds are not immediately available from the Revolving Renovation Fund? Yes___ No___
- If no, why?
- If yes, how do you plan to finance this project?
- C. How do you plan to finance any project costs in excess of any State allocation?
- D. Describe how this facility and this project support your district's long-range facility plan.
- E. Briefly describe the problem, its severity, and any corrective actions already attempted.
- F. Briefly describe the impact of this problem or issue(s) on the educational program and Maine's Learning Results.
- G. Provide a description of all possible solutions being considered and the one solution identified as the most appropriate.

Part V: Priority III: Preliminary Application:

NOT BEING ACCEPTED AT THIS TIME