

**PART F: CONSTRUCTION DOCUMENTS**  
**BOARD TRANSMITTAL (1 of 2)**

DISTRICT/CTC: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
PRJT BLDG NAME: \_\_\_\_\_ PROJECT #: \_\_\_\_\_

The architectural firm for this project is: \_\_\_\_\_  
The architect to be contacted if there are any questions about Part F is: \_\_\_\_\_

\_\_\_\_\_  
Architect's Name and Position Phone Number Fax Number  
The architectural firm's address is: \_\_\_\_\_  
The architect's e-mail address is: \_\_\_\_\_

The district/CTC administrator to be contacted about Part F is: \_\_\_\_\_  
\_\_\_\_\_  
District/CTC Administrator's Name and Position Phone Number Fax Number

The SD/CTC administrator's e-mail address is: \_\_\_\_\_  
This certifies that the attached materials were approved for submission to the  
Pennsylvania Department of Education by board action. This also certifies that the  
architect has been directed to insure that all plans related to this project conform  
to generally accepted codes or guidelines as set forth in Section 349.16 of the  
Department of Education Standards.

BOARD ACTION DATE: \_\_\_\_\_

VOTING:      AYE \_\_\_\_\_      NAY \_\_\_\_\_      ABSTENTIONS \_\_\_\_\_      ABSENT \_\_\_\_\_

\_\_\_\_\_  
Signature, Board Secretary Board Secretary's Name, Printed or Typed  
\_\_\_\_\_  
District/CTC Address Date

**UPDATED FORMS AND RELATED INFORMATION**

| ALL PRJTS | PAGE #  |                                                                                                                                                                                              |
|-----------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| _____     | F03     | Enrollment Projections by Grade level                                                                                                                                                        |
| _____     | F04-F05 | Elementary Room Schedule for Project Building                                                                                                                                                |
| _____     | F06-F08 | Middle/Secondary Room Schedule for Project Building                                                                                                                                          |
| _____     | F09     | Central District Administration Office                                                                                                                                                       |
| _____     | F10     | Vocational Room Schedule for Project Building                                                                                                                                                |
| _____     | F11     | Room Schedule Adjustments                                                                                                                                                                    |
| _____     | F12     | Project Full Time Equivalents                                                                                                                                                                |
| _____     | F13     | Comparative Design Analysis                                                                                                                                                                  |
| _____     | F14     | Full Time Equivalents Converted to Rated Pupil Capacity                                                                                                                                      |
| _____     | F15     | Certificate of Ownership (if applicable)                                                                                                                                                     |
| _____     | F16     | Project Building Characteristics                                                                                                                                                             |
| _____     | F17     | Construction Specification Requirements                                                                                                                                                      |
| _____     | F18     | Rough Grading to Receive the Building                                                                                                                                                        |
| _____     | F19     | Sanitary Sewage Disposal                                                                                                                                                                     |
| _____     | F20     | Certification in Lieu of Agency Approvals, Permits & Service<br>Availability Letters                                                                                                         |
| _____     |         | Letter or Equivalent Written Certification from Municipality of<br>Project's Conformance with Applicable Comprehensive Plan and<br>Zoning Ordinances (if applicable)                         |
| _____     |         | Letter or Equivalent Written Certification from County Planning<br>Agency of Project's Conformance with Applicable Comprehensive<br>Plan and Zoning Ordinances (if applicable)               |
| _____     |         | A Separate Floor Plan Drawing Identifying Spaces Listed on Room<br>Schedule with Calculated Area Noted Therein and Perimeter<br>of Each Scheduled Area Clearly Marked in a Contrasting Color |
| _____     |         | Board Response to Part E, Design Development, Comments From<br>PDE's Architect Requiring Board Response (if applicable)                                                                      |
| _____     |         | EPA/DOE Target Finder "Statement of Energy Design Intent"                                                                                                                                    |

(CONTINUED ON THE NEXT PAGE)

**PART F: CONSTRUCTION DOCUMENTS**  
**BOARD TRANSMITTAL (2 of 2)**

DISTRICT/CTC: \_\_\_\_\_  
PRJT BLDG NAME: \_\_\_\_\_

COUNTY: \_\_\_\_\_  
PROJECT #: \_\_\_\_\_

\_\_\_\_\_ Construction Specifications

\_\_\_\_\_ Project's Prime Contracts:

|                    |                    |                              |                    |
|--------------------|--------------------|------------------------------|--------------------|
| _____ General      | _____ Plumbing     | _____ Asbestos Abatement     | _____ Other: _____ |
| _____ HVAC         | _____ Electrical   | _____ Educational Technology | _____ Other: _____ |
| _____ Other: _____ | _____ Other: _____ | _____ Other: _____           | _____ Other: _____ |
| _____ Other: _____ | _____ Other: _____ | _____ Other: _____           | _____ Other: _____ |

\_\_\_\_\_ Project Site Plan Drawing  
\_\_\_\_\_ Project Building Floor Plan Drawings  
\_\_\_\_\_ Roof Plan Drawings  
\_\_\_\_\_ Building Elevation Drawings  
\_\_\_\_\_ Building, Wall Sections and Detail Drawings  
\_\_\_\_\_ Room and Equipment Layout for the Library  
\_\_\_\_\_ Room and Equipment Layout for a Typical Classroom  
\_\_\_\_\_ Room and Equipment Layout for Science Classrooms  
\_\_\_\_\_ Room and Equipment Layout for Art and Music Rooms  
\_\_\_\_\_ Room and Equipment Layout for Family/Consumer Science  
\_\_\_\_\_ Room and Equipment Layout for Technology Labs / Industrial Arts Shop  
\_\_\_\_\_ Room and Equipment Layout for the Kitchen and Cafeteria  
\_\_\_\_\_ Room and Equipment Layout for the Administrative, Guidance  
\_\_\_\_\_ and Health Suite  
\_\_\_\_\_ Structural Drawings  
\_\_\_\_\_ Plumbing Drawings  
\_\_\_\_\_ HVAC Drawings  
\_\_\_\_\_ Electrical Drawings  
\_\_\_\_\_ Sewage Treatment System Drawings  
\_\_\_\_\_ Asbestos Abatement Plan Drawings and Specifications (If applicable)

**AGENCY APPROVALS/RECOMMENDATIONS**

Page F20 certifies that all applicable agency reviews and approvals have or will be obtained prior to entering into construction contracts.

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**PDE USE ONLY**

Bid Opening Date: \_\_\_\_\_  
(MM/DD/YY)

Basis of Award: Base Bid \_\_\_\_\_ Base Bid plus Accepted Alternates \_\_\_\_\_

\_\_\_\_\_ Owner Controlled Insurance Program:  
Quote Method \_\_\_\_\_ Bid Alternate \_\_\_\_\_ Base Bid \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Asbestos Abatement

\_\_\_\_\_ Combined Bid

\_\_\_\_\_ Bid Alternates affecting capacity or area

\_\_\_\_\_ Demolition of Entire Existing Building

\_\_\_\_\_ Project to Be Constructed and Based on approved  
School Design Clearinghouse design  
\_\_\_\_\_ LEED Silver, Gold or Platinum or two, three or four Green  
Gloves certification

\_\_\_\_\_ QSCB/QZAB Funded

\_\_\_\_\_ Bid Breakouts

\_\_\_\_\_ Other: \_\_\_\_\_

**PART F: CONSTRUCTION DOCUMENTS - PHASED BIDDING  
BOARD TRANSMITTAL**

DISTRICT/CTC: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
PRJT BLDG NAME: \_\_\_\_\_ PROJECT #: \_\_\_\_\_  
CATEGORY OF WORK: \_\_\_\_\_ PHASE NO: \_\_\_\_\_

The architectural firm for this project is: \_\_\_\_\_  
The architect to be contacted if there are any questions about Part F is: \_\_\_\_\_

\_\_\_\_\_  
Architect's Name and Position Phone Number Fax Number  
The architect's e-mail address is: \_\_\_\_\_  
The architectural firm's address is: \_\_\_\_\_

The school district/CTC administrator to be contacted about Part F is:

\_\_\_\_\_  
District/CTC Administrator's Name and Position Phone Number Fax Number  
The SD/CTC administrator's e-mail address is: \_\_\_\_\_

This certifies that the attached materials were approved for submission to the Pennsylvania Department of Education by board action. This also certifies that the architect has been directed to insure that all plans related to this project conform to generally accepted codes or guidelines as set forth in Section 349.16 of the Department of Education Standards.

The board of school directors certifies that it has obtained, or will obtain, all necessary approvals from local, regional, and state agencies relating to health, safety, design, planning highway access, and freedom from flooding and subsidence, prior to entering into construction contracts.

The board also certifies that the phased work will proceed whether or not additional on-site work that is subject to Act 34 of 1973 goes forward.

The board acknowledges that this project will not be eligible for reimbursement until the bids are opened for the final construction phase and PlanCon Part G for the entire project building is approved by PDE.

BOARD ACTION DATE: \_\_\_\_\_

VOTING: AYE \_\_\_\_\_ NAY \_\_\_\_\_ ABSTENTIONS \_\_\_\_\_ ABSENT \_\_\_\_\_

\_\_\_\_\_  
Signature, Board Secretary Board Secretary's Name, Printed or Typed  
\_\_\_\_\_  
District/CTC Address Date

**APPLICABLE FORMS AND RELATED INFORMATION**

ALL PRJTS PAGE #  
\_\_\_\_\_  
F02-PHASE Request for Phased Bidding  
\_\_\_\_\_  
Plancon Part F Forms (as instructed at Part E):  
\_\_\_\_\_  
Construction Specifications for Phased Work  
\_\_\_\_\_  
Drawings for Phased Work  
\_\_\_\_\_  
F17 Construction Specification Requirements  
\_\_\_\_\_  
F20 Agency Approvals/Permits and Service Availability  
\_\_\_\_\_  
Letters for Phased Work

# REQUEST FOR PHASED BIDDING

District/CTC:

Project Name:

Project #:

The requirements of Act 34 preclude phased approval of work that commits a district to the project before meeting all requirements of Act 34. Examples of work that may not be approved as phased work for Act 34 projects are work that is directly related to the new structure (e.g., ordering structural steel) and site development that would not be required if the addition or new structure were not built. An example of work that could be approved as phased work for Act 34 projects is asbestos removal in an existing wing of a building that would be accomplished even if an addition were not built.

Projects that are phased will not be eligible for reimbursement until Part G, "Project Accounting Based on Bids," for the entire project building is approved by PDE. If phased bidding approval is being requested for this project, briefly describe the reasons why this project needs to be phased and the proposed construction schedule.

Approval of the "Request for Phased Bidding" does not constitute Departmental approval to enter into construction contracts. Refer to PlanCon Part E instructions for additional PlanCon Part F Phased submittal and approval requirements.

## PDE USE ONLY

Prime Contracts included in Phased Bidding:

|                                       |                                       |                                                 |                                       |
|---------------------------------------|---------------------------------------|-------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> General      | <input type="checkbox"/> Plumbing     | <input type="checkbox"/> Asbestos Abatement     | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> HVAC         | <input type="checkbox"/> Electrical   | <input type="checkbox"/> Educational Technology | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____           | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____           | <input type="checkbox"/> Other: _____ |

Bid Opening Date: \_\_\_\_\_  
(MM/DD/YY)

Basis of Award: Base Bid ☐ Base Bid plus Accepted Alternates ☐

☐ Owner Controlled Insurance Program:

☐ Quote Method ☐ Bid Alternate ☐ Base Bid ☐ Other ☐

☐ Asbestos Abatement

☐ Combined Bid

☐ Bid Alternates affecting capacity or area

☐ Demolition of Entire Existing Building

☐ QSCB/QZAB Funded

☐ Bid Breakouts

☐ Other: \_\_\_\_\_



**ELEMENTARY ROOM SCHEDULE FOR PROJECT BUILDING (1 OF 2)**

|                            |                    |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
|----------------------------|--------------------|-----------------------------------------------------|-----------------------|------------------------|---------------------|-----------------------|-----------------------|------------------------|---------------------|------------------------|---------------------|
| District/CTC:              |                    |                                                     |                       | Project Name:          |                     |                       |                       |                        |                     | Grades: _____ - _____  |                     |
|                            |                    | <b>PROJECT PLANNED SPACES - SCHEDULED AREA ONLY</b> |                       |                        |                     |                       |                       |                        |                     |                        |                     |
|                            |                    | EXISTING                                            |                       |                        |                     | NEW                   |                       |                        |                     | TOTAL                  |                     |
| #1                         | #2                 | #3                                                  | #4                    | #5                     | #6                  | #7                    | #8                    | #9                     | #10                 | #11                    | #12                 |
|                            | UNIT<br>FTE<br>CAP | UNIT<br>AREA<br>SQ FT                               | NUMBER<br>OF<br>UNITS | TOTAL<br>AREA<br>SQ FT | TOTAL<br>FTE<br>CAP | UNIT<br>AREA<br>SQ FT | NUMBER<br>OF<br>UNITS | TOTAL<br>AREA<br>SQ FT | TOTAL<br>FTE<br>CAP | TOTAL<br>AREA<br>SQ FT | TOTAL<br>FTE<br>CAP |
| NAME OF SPACE              |                    | SQ FT                                               | UNITS                 | SQ FT                  | CAP                 | SQ FT                 | UNITS                 | SQ FT                  | CAP                 | SQ FT                  | CAP                 |
| LIBRARY                    | XXX                |                                                     |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| HALF-TIME KINDRGRTN        | 50                 |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| HALF-TIME KINDRGRTN        | 50                 |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| HALF-TIME KINDRGRTN        | 50                 |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| FULL-TIME KINDRGRTN        | 25                 |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| FULL-TIME KINDRGRTN        | 25                 |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| FULL-TIME KINDRGRTN        | 25                 |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| REG CLSRM 660+ SQ FT       | 25                 |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| REG CLSRM 660+ SQ FT       | 25                 |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| REG CLSRM 660+ SQ FT       | 25                 |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| REG CLSRM 660+ SQ FT       | 25                 |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| REG CLSRM 660+ SQ FT       | 25                 |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| REG CLSRM 660+ SQ FT       | 25                 |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| REG CLSRM 660+ SQ FT       | 25                 |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| REG CLSRM 660+ SQ FT       | 25                 |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| REG CLSRM 660+ SQ FT       | 25                 |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| REG CLSRM 660+ SQ FT       | 25                 |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| REG CLSRM 660+ SQ FT       | 25                 |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| REG CLSRM 660+ SQ FT       | 25                 |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| REG CLSRM 660+ SQ FT       | 25                 |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| REG CLSRM 660+ SQ FT       | 25                 |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| REG CLSRM 660+ SQ FT       | 25                 |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| REG CLSRM 660+ SQ FT       | 25                 |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| SPECIAL ED ROOMS           | XXX                | SEE PAGE F11                                        |                       |                        |                     | SEE PAGE F11          |                       |                        |                     | XXXXXX                 | XXXXX               |
| SMALL GROUP <850 SQ FT     | XXX                |                                                     |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| SMALL GROUP <850 SQ FT     | XXX                |                                                     |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| LARGE GROUP INS 850+ SQ FT | XXX                |                                                     |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| LARGE GROUP INS 850+ SQ FT | XXX                |                                                     |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| ALTERNATIVE ED ROOM        | XXX                |                                                     |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| OTHER: _____               |                    |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| OTHER: _____               |                    |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| OTHER: _____               |                    |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| OTHER: _____               |                    |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| OTHER: _____               |                    |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| OTHER: _____               |                    |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| OTHER: _____               |                    |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| PAGE F04 SUBTOTAL          | XXX                | XXXXX                                               | XXXXX                 |                        |                     | XXXXX                 | XXXXX                 |                        |                     |                        |                     |

**ELEMENTARY ROOM SCHEDULE FOR PROJECT BUILDING (2 OF 2)**

|               |               |                       |
|---------------|---------------|-----------------------|
| District/CTC: | Project Name: | Grades: _____ - _____ |
|---------------|---------------|-----------------------|

|                                            |                    | PROJECT PLANNED SPACES - SCHEDULED AREA ONLY |                       |                        |                     |                       |                       |                        |                     |                        |                     |
|--------------------------------------------|--------------------|----------------------------------------------|-----------------------|------------------------|---------------------|-----------------------|-----------------------|------------------------|---------------------|------------------------|---------------------|
|                                            |                    | EXISTING                                     |                       |                        |                     | NEW                   |                       |                        |                     | TOTAL                  |                     |
|                                            |                    | #3                                           | #4                    | #5                     | #6                  | #7                    | #8                    | #9                     | #10                 | #11                    | #12                 |
| #1                                         | #2                 |                                              |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| NAME OF SPACE                              | UNIT<br>FTE<br>CAP | UNIT<br>AREA<br>SQ FT                        | NUMBER<br>OF<br>UNITS | TOTAL<br>AREA<br>SQ FT | TOTAL<br>FTE<br>CAP | UNIT<br>AREA<br>SQ FT | NUMBER<br>OF<br>UNITS | TOTAL<br>AREA<br>SQ FT | TOTAL<br>FTE<br>CAP | TOTAL<br>AREA<br>SQ FT | TOTAL<br>FTE<br>CAP |
| COMPUTER ROOM                              | XXX                |                                              |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| COMPUTER ROOM                              | XXX                |                                              |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| COMPUTER ROOM                              | XXX                |                                              |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| ART ROOM                                   | XXX                |                                              |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| ART ROOM                                   | XXX                |                                              |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| ART ROOM                                   | XXX                |                                              |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| MUSIC ROOM                                 | XXX                |                                              |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| MUSIC ROOM                                 | XXX                |                                              |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| MUSIC ROOM                                 | XXX                |                                              |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| OTHER: _____                               | XXX                |                                              |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| OTHER: _____                               | XXX                |                                              |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| MULTI-PURPOSE RM                           | XXX                |                                              |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| STAGE/PLATFORM                             | XXX                |                                              |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| LOCKER ROOM, DRYING<br>& SHOWER RM - BOYS  | XXX                |                                              |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| LOCKER ROOM, DRYING<br>& SHOWER RM - GIRLS | XXX                |                                              |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| NATATORIUM                                 | XXX                | SEE PAGE F12                                 |                       |                        |                     | SEE PAGE F12          |                       |                        |                     | XXXXX                  | XXXXX               |
| KITCHEN & STORAGE                          | XXX                |                                              |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| # OF SERVINGS: _____                       | XXX                |                                              |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| MEALS PREPARED PER                         | XXX                |                                              |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| SERVING: _____                             | XXX                |                                              |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| CAFETERIA                                  | XXX                |                                              |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| TO SEAT: _____                             | XXX                |                                              |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| FACULTY DINING ROOM                        | XXX                |                                              |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| FACULTY ROOM                               | XXX                |                                              |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| HEALTH SUITE (NURSE)                       | XXX                |                                              |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| BLDG ADMIN/GUIDANCE                        | XXX                |                                              |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| TOTAL STAFF: _____                         | XXX                |                                              |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| OTHER: _____                               | XXX                |                                              |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| OTHER: _____                               | XXX                |                                              |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| OTHER: _____                               | XXX                |                                              |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| OTHER: _____                               | XXX                |                                              |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| OTHER: _____                               | XXX                |                                              |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| OTHER: _____                               | XXX                |                                              |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXX               |
| PAGE F05 SUBTOTAL                          | XXX                | XXXXX                                        | XXXXX                 |                        | XXXX                | XXXXX                 | XXXXX                 |                        | XXXX                |                        | XXXXX               |
| PAGE F04 SUBTOTAL                          | XXX                | XXXXX                                        | XXXXX                 |                        |                     | XXXXX                 | XXXXX                 |                        |                     |                        |                     |
| BUILDING TOTAL                             | XXX                | XXXXX                                        | XXXXX                 |                        |                     | XXXXX                 | XXXXX                 |                        |                     |                        |                     |

| MIDDLE/SECONDARY ROOM SCHEDULE FOR PROJECT BUILDING (1 OF 3) |                    |                                              |                       |                        |                     |                       |                    |                        |                     |                        |                     |
|--------------------------------------------------------------|--------------------|----------------------------------------------|-----------------------|------------------------|---------------------|-----------------------|--------------------|------------------------|---------------------|------------------------|---------------------|
| District/CTC:                                                |                    |                                              | Project Name:         |                        |                     |                       |                    |                        |                     | Grades: _____ - _____  |                     |
|                                                              |                    | PROJECT PLANNED SPACES - SCHEDULED AREA ONLY |                       |                        |                     |                       |                    |                        |                     |                        |                     |
|                                                              |                    | EXISTING                                     |                       |                        |                     | NEW                   |                    |                        |                     | TOTAL                  |                     |
| #1                                                           | #2                 | #3                                           | #4                    | #5                     | #6                  | #7                    | #8                 | #9                     | #10                 | #11                    | #12                 |
| NAME OF SPACE                                                | UNIT<br>FTE<br>CAP | UNIT<br>AREA<br>SQ FT                        | NUMBER<br>OF<br>UNITS | TOTAL<br>AREA<br>SQ FT | TOTAL<br>FTE<br>CAP | UNIT<br>AREA<br>SQ FT | NUMBER OF<br>UNITS | TOTAL<br>AREA<br>SQ FT | TOTAL<br>FTE<br>CAP | TOTAL<br>AREA<br>SQ FT | TOTAL<br>FTE<br>CAP |
| LIBRARY                                                      | XXX                |                                              |                       |                        | XXXX                |                       |                    |                        | XXXX                |                        | XXXXX               |
| REG CLSRM 660+ SQ FT                                         | 25                 |                                              |                       |                        |                     |                       |                    |                        |                     |                        |                     |
| REG CLSRM 660+ SQ FT                                         | 25                 |                                              |                       |                        |                     |                       |                    |                        |                     |                        |                     |
| REG CLSRM 660+ SQ FT                                         | 25                 |                                              |                       |                        |                     |                       |                    |                        |                     |                        |                     |
| REG CLSRM 660+ SQ FT                                         | 25                 |                                              |                       |                        |                     |                       |                    |                        |                     |                        |                     |
| REG CLSRM 660+ SQ FT                                         | 25                 |                                              |                       |                        |                     |                       |                    |                        |                     |                        |                     |
| REG CLSRM 660+ SQ FT                                         | 25                 |                                              |                       |                        |                     |                       |                    |                        |                     |                        |                     |
| REG CLSRM 660+ SQ FT                                         | 25                 |                                              |                       |                        |                     |                       |                    |                        |                     |                        |                     |
| REG CLSRM 660+ SQ FT                                         | 25                 |                                              |                       |                        |                     |                       |                    |                        |                     |                        |                     |
| REG CLSRM 660+ SQ FT                                         | 25                 |                                              |                       |                        |                     |                       |                    |                        |                     |                        |                     |
| REG CLSRM 660+ SQ FT                                         | 25                 |                                              |                       |                        |                     |                       |                    |                        |                     |                        |                     |
| REG CLSRM 660+ SQ FT                                         | 25                 |                                              |                       |                        |                     |                       |                    |                        |                     |                        |                     |
| REG CLSRM 660+ SQ FT                                         | 25                 |                                              |                       |                        |                     |                       |                    |                        |                     |                        |                     |
| REG CLSRM 660+ SQ FT                                         | 25                 |                                              |                       |                        |                     |                       |                    |                        |                     |                        |                     |
| REG CLSRM 660+ SQ FT                                         | 25                 |                                              |                       |                        |                     |                       |                    |                        |                     |                        |                     |
| REG CLSRM 660+ SQ FT                                         | 25                 |                                              |                       |                        |                     |                       |                    |                        |                     |                        |                     |
| REG CLSRM 660+ SQ FT                                         | 25                 |                                              |                       |                        |                     |                       |                    |                        |                     |                        |                     |
| REG CLSRM 660+ SQ FT                                         | 25                 |                                              |                       |                        |                     |                       |                    |                        |                     |                        |                     |
| SPECIAL ED ROOMS                                             | XXX                | SEE PAGE F11                                 |                       |                        |                     | SEE PAGE F11          |                    |                        |                     | XXXXXX                 | XXXXX               |
| SMALL GROUP <850 SQ FT                                       | XXX                |                                              |                       |                        | XXXX                |                       |                    |                        | XXXX                |                        | XXXXX               |
| SMALL GROUP <850 SQ FT                                       | XXX                |                                              |                       |                        | XXXX                |                       |                    |                        | XXXX                |                        | XXXXX               |
| LARGE GROUP INS 850+ SQ FT                                   | XXX                |                                              |                       |                        | XXXX                |                       |                    |                        | XXXX                |                        | XXXXX               |
| AUDITORIUM                                                   | XXX                |                                              |                       |                        | XXXX                |                       |                    |                        | XXXX                |                        | XXXXX               |
| TO SEAT: _____                                               | XXX                |                                              |                       |                        | XXXX                |                       |                    |                        | XXXX                |                        | XXXXX               |
| STAGE                                                        | XXX                |                                              |                       |                        | XXXX                |                       |                    |                        | XXXX                |                        | XXXXX               |
| SCIENCE CLSRM 660+ SQ FT                                     | 25                 |                                              |                       |                        |                     |                       |                    |                        |                     |                        |                     |
| SCIENCE CLSRM 660+ SQ FT                                     | 25                 |                                              |                       |                        |                     |                       |                    |                        |                     |                        |                     |
| SCIENCE LAB: _____                                           | 20                 |                                              |                       |                        |                     |                       |                    |                        |                     |                        |                     |
| SCIENCE LAB: _____                                           | 20                 |                                              |                       |                        |                     |                       |                    |                        |                     |                        |                     |
| SCIENCE LAB: _____                                           | 20                 |                                              |                       |                        |                     |                       |                    |                        |                     |                        |                     |
| SCIENCE LAB: _____                                           | 20                 |                                              |                       |                        |                     |                       |                    |                        |                     |                        |                     |
| SCIENCE STUDENT PROJ RM                                      | XXX                |                                              |                       |                        | XXXX                |                       |                    |                        | XXXX                |                        | XXXXX               |
| PLANETARIUM CLSRM 660+ SQ FT                                 | 20                 |                                              |                       |                        |                     |                       |                    |                        |                     |                        |                     |
| OBSERVATORY                                                  | XXX                |                                              |                       |                        | XXXX                |                       |                    |                        | XXXX                |                        | XXXXX               |
| ALTERNATIVE ED ROOM 660+ SQ FT                               | 20                 |                                              |                       |                        |                     |                       |                    |                        |                     |                        |                     |
| OTHER: _____                                                 |                    |                                              |                       |                        |                     |                       |                    |                        |                     |                        |                     |
| OTHER: _____                                                 |                    |                                              |                       |                        |                     |                       |                    |                        |                     |                        |                     |
| OTHER: _____                                                 |                    |                                              |                       |                        |                     |                       |                    |                        |                     |                        |                     |
| OTHER: _____                                                 |                    |                                              |                       |                        |                     |                       |                    |                        |                     |                        |                     |
| OTHER: _____                                                 |                    |                                              |                       |                        |                     |                       |                    |                        |                     |                        |                     |
| OTHER: _____                                                 |                    |                                              |                       |                        |                     |                       |                    |                        |                     |                        |                     |
| OTHER: _____                                                 |                    |                                              |                       |                        |                     |                       |                    |                        |                     |                        |                     |
| PAGE F06 SUBTOTAL                                            | XXX                | XXXXX                                        | XXXXX                 |                        |                     | XXXXX                 | XXXXX              |                        |                     |                        |                     |



**MIDDLE/SECONDARY ROOM SCHEDULE FOR PROJECT BUILDING (2 OF 3)**

|               |               |                       |
|---------------|---------------|-----------------------|
| District/CTC: | Project Name: | Grades: _____ - _____ |
|---------------|---------------|-----------------------|

|                                  |              | PROJECT PLANNED SPACES - SCHEDULED AREA ONLY |                 |                  |               |                 |                 |                  |               |                  |               |
|----------------------------------|--------------|----------------------------------------------|-----------------|------------------|---------------|-----------------|-----------------|------------------|---------------|------------------|---------------|
|                                  |              | EXISTING                                     |                 |                  |               | NEW             |                 |                  |               | TOTAL            |               |
|                                  |              | #3                                           | #4              | #5               | #6            | #7              | #8              | #9               | #10           | #11              | #12           |
| #1                               | #2           | UNIT AREA SQ FT                              | NUMBER OF UNITS | TOTAL AREA SQ FT | TOTAL FTE CAP | UNIT AREA SQ FT | NUMBER OF UNITS | TOTAL AREA SQ FT | TOTAL FTE CAP | TOTAL AREA SQ FT | TOTAL FTE CAP |
| NAME OF SPACE                    | UNIT FTE CAP |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| BUSINESS CLSRM 660+ SQ FT        | 25           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| BUSINESS CLSRM 660+ SQ FT        | 25           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| BUSINESS LAB 660+ SQ FT          | 20           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| BUSINESS LAB 660+ SQ FT          | 20           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| BUSINESS LAB 660+ SQ FT          | 20           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| COMPUTER LAB 660+ SQ FT          | 20           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| COMPUTER LAB 660+ SQ FT          | 20           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| COMPUTER LAB 660+ SQ FT          | 20           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| TV INSTR STUDIO 660+ SQ FT       | 20           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| OTHER: _____                     |              |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| OTHER: _____                     |              |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| ART CLASSROOM 660+ SQ FT         | 20           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| ART CLASSROOM 660+ SQ FT         | 20           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| MUSIC CLASSROOM 660+ SQ FT       | 25           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| MUSIC CLASSROOM 660+ SQ FT       | 25           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| BAND ROOM 660+ SQ FT             | 25           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| ORCHESTRA ROOM 660+ SQ FT        | 25           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| CHORAL ROOM 660+ SQ FT           | 25           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| OTHER: _____                     |              |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| OTHER: _____                     |              |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| FAMILY/CONSMR SCIENCE 660+ SQ FT | 20           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| FAMILY/CONSMR SCIENCE 660+ SQ FT | 20           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| FAMILY/CONSMR SCIENCE 660+ SQ FT | 20           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| I A/SHOP 1800+ SQ FT             | 20           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| I A/SHOP 1800+ SQ FT             | 20           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| TECH ED 1800+ SQ FT              | 20           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| TECH ED 1800+ SQ FT              | 20           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| TECH ED 1800+ SQ FT              | 20           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| TECH ED 1800+ SQ FT              | 20           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| IA <1800 SQ FT                   | XXX          |                                              |                 |                  | XXXX          |                 |                 |                  | XXXX          |                  | XXXXX         |
| TECH ED <1800 SQ FT              | XXX          |                                              |                 |                  | XXXX          |                 |                 |                  | XXXX          |                  | XXXXX         |
| VO AG SHOP W/CLSRM 660+ SQ FT    | 20           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| DRIVER'S ED 660+ SQ FT           | 20           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| OTHER: _____                     |              |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| OTHER: _____                     |              |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| OTHER: _____                     |              |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| OTHER: _____                     |              |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| OTHER: _____                     |              |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| OTHER: _____                     |              |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| OTHER: _____                     |              |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| OTHER: _____                     |              |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| OTHER: _____                     |              |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| PAGE F07 SUBTOTAL                | XXX          | XXXXX                                        | XXXXX           |                  |               | XXXXX           | XXXXX           |                  |               |                  |               |

**MIDDLE/SECONDARY ROOM SCHEDULE FOR PROJECT BUILDING (3 OF 3)**

|                                             |                    |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
|---------------------------------------------|--------------------|-----------------------------------------------------|-----------------------|------------------------|---------------------|-----------------------|-----------------------|------------------------|---------------------|------------------------|---------------------|
| District/CTC:                               |                    | Project Name:                                       |                       |                        |                     |                       |                       |                        |                     | Grades: _____ - _____  |                     |
|                                             |                    | <b>PROJECT PLANNED SPACES - SCHEDULED AREA ONLY</b> |                       |                        |                     |                       |                       |                        |                     |                        |                     |
|                                             |                    | <b>EXISTING</b>                                     |                       |                        |                     | <b>NEW</b>            |                       |                        |                     | <b>TOTAL</b>           |                     |
| #1                                          | #2                 | #3                                                  | #4                    | #5                     | #6                  | #7                    | #8                    | #9                     | #10                 | #11                    | #12                 |
| NAME OF SPACE                               | UNIT<br>FTE<br>CAP | UNIT<br>AREA<br>SQ FT                               | NUMBER<br>OF<br>UNITS | TOTAL<br>AREA<br>SQ FT | TOTAL<br>FTE<br>CAP | UNIT<br>AREA<br>SQ FT | NUMBER<br>OF<br>UNITS | TOTAL<br>AREA<br>SQ FT | TOTAL<br>FTE<br>CAP | TOTAL<br>AREA<br>SQ FT | TOTAL<br>FTE<br>CAP |
| GYM 6500+ SQ FT                             | 66                 |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| GYM 6500+ SQ FT                             | 66                 |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| 2500 SQ FT AUX GYM                          | 33                 |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| 1000 SQ FT ADAPT GYM                        | XXX                |                                                     |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXXXX             |
| WRESTLING ROOM                              | XXX                |                                                     |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXXXX             |
| WEIGHT ROOM                                 | XXX                |                                                     |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXXXX             |
| LOCKER ROOM, DRYING<br>& SHOWER RM - BOYS   | XXX                |                                                     |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXXXX             |
| LOCKER ROOM, DRYING<br>& SHOWER RM - GIRLS  | XXX                |                                                     |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXXXX             |
| TEAM ROOM                                   | XXX                |                                                     |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXXXX             |
| TEAM ROOM                                   | XXX                |                                                     |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXXXX             |
| INSTRUCTOR'S OFFICE                         | XXX                |                                                     |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXXXX             |
| INSTRUCTOR'S OFFICE                         | XXX                |                                                     |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXXXX             |
| OTHER: _____                                |                    |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| OTHER: _____                                |                    |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| OTHER: _____                                |                    |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| OTHER: _____                                |                    |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| NATATORIUM                                  | XXX                | SEE PAGE F12                                        |                       |                        |                     | SEE PAGE F12          |                       |                        |                     | XXXXX                  | XXXXXXX             |
| KITCHEN & STORAGE                           | XXX                |                                                     |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXXXX             |
| # OF SERVINGS: _____                        | XXX                |                                                     |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXXXX             |
| MEALS PREPARED PER                          | XXX                |                                                     |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXXXX             |
| SERVING: _____                              | XXX                |                                                     |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXXXX             |
| CAFETERIA                                   | XXX                |                                                     |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXXXX             |
| TO SEAT: _____                              | XXX                |                                                     |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXXXX             |
| FACULTY DINING ROOM                         | XXX                |                                                     |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXXXX             |
| FACULTY ROOM                                | XXX                |                                                     |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXXXX             |
| INSTR PLANNING CTR                          | XXX                |                                                     |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXXXX             |
| INSTR PLANNING CTR                          | XXX                |                                                     |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXXXX             |
| CONFERENCE ROOM                             | XXX                |                                                     |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXXXX             |
| STUDENT ACTIVITY RM                         | XXX                |                                                     |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXXXX             |
| HEALTH SUITE(NURSE)                         | XXX                |                                                     |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXXXX             |
| BLDG ADMIN/GUIDANCE                         | XXX                |                                                     |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXXXX             |
| TOTAL STAFF: _____                          | XXX                |                                                     |                       |                        | XXXX                |                       |                       |                        | XXXX                |                        | XXXXXXX             |
| OTHER: _____                                |                    |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| OTHER: _____                                |                    |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| OTHER: _____                                |                    |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| OTHER: _____                                |                    |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| OTHER: _____                                |                    |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| OTHER: _____                                |                    |                                                     |                       |                        |                     |                       |                       |                        |                     |                        |                     |
| PAGE F08 SUBTOTAL                           | XXX                | XXXXXX                                              | XXXXXX                |                        |                     | XXXXXX                | XXXXXX                |                        |                     |                        |                     |
| PAGE F06 SUBTOTAL                           | XXX                | XXXXXX                                              | XXXXXX                |                        |                     | XXXXXX                | XXXXXX                |                        |                     |                        |                     |
| PAGE F07 SUBTOTAL                           | XXX                | XXXXXX                                              | XXXXXX                |                        |                     | XXXXXX                | XXXXXX                |                        |                     |                        |                     |
| BUILDING TOTAL                              | XXX                | XXXXXX                                              | XXXXXX                |                        |                     | XXXXXX                | XXXXXX                |                        |                     |                        |                     |
| MS/SEC UTILIZATION<br>(BLDG TOTAL TIMES .9) | XXX                | XXXXXX                                              | XXXXXX                | XXXXX                  |                     | XXXXXX                | XXXXXX                | XXXXX                  |                     | XXXXXX                 |                     |

**CENTRAL DISTRICT ADMINISTRATION OFFICE**

District/CTC:

Project Name:

Grades:

\_\_\_\_\_ - \_\_\_\_\_

If this project building includes office space for central district administration, please provide the position for each staff member who will be working in this office space. For vacant or new positions, indicate prospective employment date. Attach additional sheets if necessary.

**NOTE: Identify the position name or corresponding number on the floor plan drawing identifying spaces listed on the room schedule.**

**POSITION** (If vacant or new,  
indicate date to be filled)

**POSITION** (If vacant or new,  
indicate date to be filled)

- |     |     |
|-----|-----|
| 1.  | 41. |
| 2.  | 42. |
| 3.  | 43. |
| 4.  | 44. |
| 5.  | 45. |
| 6.  | 46. |
| 7.  | 47. |
| 8.  | 48. |
| 9.  | 49. |
| 10. | 50. |
| 11. | 51. |
| 12. | 52. |
| 13. | 53. |
| 14. | 54. |
| 15. | 55. |
| 16. | 56. |
| 17. | 57. |
| 18. | 58. |
| 19. | 59. |
| 20. | 60. |
| 21. | 61. |
| 22. | 62. |
| 23. | 63. |
| 24. | 64. |
| 25. | 65. |
| 26. | 66. |
| 27. | 67. |
| 28. | 68. |
| 29. | 69. |
| 30. | 70. |
| 31. | 71. |
| 32. | 72. |
| 33. | 73. |
| 34. | 74. |
| 35. | 75. |
| 36. | 76. |
| 37. | 77. |
| 38. | 78. |
| 39. | 79. |
| 40. | 80. |

**DISTRICT ADMINISTRATION STAFFING CONVERTED TO FULL TIME EQUIVALENTS**

|                                                              |       |   |     |   |       |     |     |
|--------------------------------------------------------------|-------|---|-----|---|-------|-----|-----|
| A. TOTAL NUMBER OF STAFF LISTED                              | _____ | X | 1.2 | = | _____ | FTE | CAP |
| B. NUMBER OF STAFF TO BE HOUSED IN NEW AREA                  | _____ | X | 1.2 | = | _____ | FTE | CAP |
| C. NUMBER OF STAFF TO BE HOUSED IN EXISTING AREA (A minus B) | _____ | X | 1.2 | = | _____ | FTE | CAP |

| VOCATIONAL ROOM SCHEDULE FOR PROJECT BUILDING |          |                 |                         |                    |                                              |                       |                        |                     |                       |                       |                        |                       |                        |                     |
|-----------------------------------------------|----------|-----------------|-------------------------|--------------------|----------------------------------------------|-----------------------|------------------------|---------------------|-----------------------|-----------------------|------------------------|-----------------------|------------------------|---------------------|
| District/CTC:                                 |          |                 |                         |                    | Project Name:                                |                       |                        |                     |                       |                       |                        | Grades: _____ - _____ |                        |                     |
|                                               |          |                 |                         |                    | PROJECT PLANNED SPACES - SCHEDULED AREA ONLY |                       |                        |                     |                       |                       |                        |                       |                        |                     |
|                                               |          |                 |                         |                    | EXISTING                                     |                       |                        |                     | NEW                   |                       |                        |                       | TOTAL                  |                     |
| #1                                            | #2       | PDE<br>USE      | PDE<br>USE              | #3                 | #4                                           | #5                    | #6                     | #7                  | #8                    | #9                    | #10                    | #11                   | #12                    | #13                 |
| NAME OF PROGRAM                               | CIP CODE | CRR<br>APPROVAL | PDE-320/286<br>APPROVAL | UNIT<br>FTE<br>CAP | UNIT<br>AREA<br>SQ FT                        | NUMBER<br>OF<br>UNITS | TOTAL<br>AREA<br>SQ FT | TOTAL<br>FTE<br>CAP | UNIT<br>AREA<br>SQ FT | NUMBER<br>OF<br>UNITS | TOTAL<br>AREA<br>SQ FT | TOTAL<br>FTE<br>CAP   | TOTAL<br>AREA<br>SQ FT | TOTAL<br>FTE<br>CAP |
|                                               |          |                 |                         |                    |                                              |                       |                        |                     |                       |                       |                        |                       |                        |                     |
| BUILDING TOTAL                                | XXXX     |                 |                         | XXX                | XXXX                                         | XXXX                  |                        |                     | XXXX                  | XXXX                  |                        |                       |                        |                     |

# ROOM SCHEDULE ADJUSTMENTS

|               |               |                       |
|---------------|---------------|-----------------------|
| District/CTC: | Project Name: | Grades: _____ - _____ |
|---------------|---------------|-----------------------|

|                                        |              | PROJECT PLANNED SPACES - SCHEDULED AREA ONLY |                 |                  |               |                 |                 |                  |               |                  |               |
|----------------------------------------|--------------|----------------------------------------------|-----------------|------------------|---------------|-----------------|-----------------|------------------|---------------|------------------|---------------|
|                                        |              | EXISTING                                     |                 |                  |               | NEW             |                 |                  |               | TOTAL            |               |
| #1                                     | #2           | #3                                           | #4              | #5               | #6            | #7              | #8              | #9               | #10           | #11              | #12           |
| NAME OF SPACE                          | UNIT FTE CAP | UNIT AREA SQ FT                              | NUMBER OF UNITS | TOTAL AREA SQ FT | TOTAL FTE CAP | UNIT AREA SQ FT | NUMBER OF UNITS | TOTAL AREA SQ FT | TOTAL FTE CAP | TOTAL AREA SQ FT | TOTAL FTE CAP |
| <b>ELEMENTARY</b>                      | XXX          | XXXXXX                                       | XXXXXX          | XXXXXX           | XXXX          | XXXXXX          | XXXXXX          | XXXXXX           | XXXX          | XXXXXXX          | XXXXXXX       |
| PROJECT ELEM CAP                       | XXX          | XXXXXX                                       | XXXXXX          |                  |               | XXXXXX          | XXXXXX          |                  |               |                  |               |
| KINDERGARTEN DEDUCT FOR HALF-TIME PRGM | -25          | XXXXXX                                       |                 | XXXXXX           |               | XXXXXX          |                 | XXXXXX           |               | XXXXXXXX         |               |
| ADJUSTED ELEM CAP                      | XXX          | XXXXXX                                       | XXXXXX          | XXXXXX           |               | XXXXXX          | XXXXXX          | XXXXXX           |               | XXXXXXXX         |               |
| ENR/CAP ADJ FACTOR                     | XXX          | XXXXXX                                       | XXXXXX          | XXXXXX           |               | XXXXXX          | XXXXXX          | XXXXXX           |               | XXXXXXXX         |               |
| JUSTIFIED ELEM                         | XXX          | XXXXXX                                       | XXXXXX          | XXXXXX           |               | XXXXXX          | XXXXXX          | XXXXXX           |               | XXXXXXXX         |               |
| REG PRE-SCHOOL 660+ *                  | 25           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| SP ED PRE-SCHOOL 660+                  | 25           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| SP ED 660+ SQ FT                       | 25           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| SP ED 660+ SQ FT                       | 25           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| SP ED 660+ SQ FT                       | 25           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| SP ED 660+ SQ FT                       | 25           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| SP ED 660+ SQ FT                       | 25           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| SP ED 660+ SQ FT                       | 25           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| SP ED 660+ SQ FT                       | 25           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| SP ED RESOURCE ROOM > 400 SQ FT        | **           |                                              |                 |                  |               |                 |                 |                  |               |                  | (MAX=25)      |
| SP ED RESOURCE ROOM > 400 SQ FT        | XXX          |                                              |                 |                  | XXXX          |                 |                 |                  | XXXX          |                  | XXXXXXXX      |
| SP ED < 401 SQ FT                      | XXX          |                                              |                 |                  | XXXX          |                 |                 |                  | XXXX          |                  | XXXXXXXX      |
| SP ED < 401 SQ FT                      | XXX          |                                              |                 |                  | XXXX          |                 |                 |                  | XXXX          |                  | XXXXXXXX      |
| ADJUSTED ELEMENTARY                    | XXX          | XXXXXX                                       | XXXXXX          |                  |               | XXXXXX          | XXXXXX          |                  |               |                  |               |
| <b>MIDDLE/SECONDARY</b>                | XXX          | XXXXXX                                       | XXXXXX          | XXXXXX           | XXXX          | XXXXXX          | XXXXXX          | XXXXXX           | XXXX          | XXXXXXX          | XXXXXXX       |
| PROJECT MS/SEC UTIL                    | XXX          | XXXXXX                                       | XXXXXX          |                  |               | XXXXXX          | XXXXXX          |                  |               |                  |               |
| ENR/CAP ADJ FACTOR                     | XXX          | XXXXXX                                       | XXXXXX          | XXXXXX           |               | XXXXXX          | XXXXXX          | XXXXXX           |               | XXXXXXX          |               |
| JUSTIFIED MS/SEC                       | XXX          | XXXXXX                                       | XXXXXX          | XXXXXX           |               | XXXXXX          | XXXXXX          | XXXXXX           |               | XXXXXXX          |               |
| SP ED 660+ SQ FT                       | 25           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| SP ED 660+ SQ FT                       | 25           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| SP ED 660+ SQ FT                       | 25           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| SP ED 660+ SQ FT                       | 25           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| SP ED 660+ SQ FT                       | 25           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| SP ED 660+ SQ FT                       | 25           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| SP ED 660+ SQ FT                       | 25           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| SP ED 660+ SQ FT                       | 25           |                                              |                 |                  |               |                 |                 |                  |               |                  |               |
| SP ED RESOURCE ROOM > 400 SQ FT        | **           |                                              |                 |                  |               |                 |                 |                  |               |                  | (MAX=25)      |
| SP ED RESOURCE ROOM > 400 SQ FT        | XXX          |                                              |                 |                  | XXXX          |                 |                 |                  | XXXX          |                  | XXXXXXXX      |
| SP ED < 401 SQ FT                      | XXX          |                                              |                 |                  | XXXX          |                 |                 |                  | XXXX          |                  | XXXXXXXX      |
| SP ED < 401 SQ FT                      | XXX          |                                              |                 |                  | XXXX          |                 |                 |                  | XXXX          |                  | XXXXXXXX      |
| ADJUSTED MS/SEC                        | XXX          | XXXXXX                                       | XXXXXX          |                  |               | XXXXXX          | XXXXXX          |                  |               |                  |               |

\* Regular and Special Education Pre-School rooms must meet the requirements addressed in the Part A instructions.

Verification that the requirements will be met must be submitted with Part A or Part F.

\*\* Justified Elementary or Middle/Secondary Capacity (Col. 12) divided by 25. The maximum capacity that may be reported in column #12 is 25. See Part A instructions for a more detailed explanation.

| PROJECT FULL TIME EQUIVALENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                                                     |                       |                        |                         |                         |                         |                        |                         |                        |                            |            |  |         |                                  |  |         |            |  |         |                                |  |         |                                   |  |         |                                                        |  |         |                                                   |  |         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------|-----------------------|------------------------|-------------------------|-------------------------|-------------------------|------------------------|-------------------------|------------------------|----------------------------|------------|--|---------|----------------------------------|--|---------|------------|--|---------|--------------------------------|--|---------|-----------------------------------|--|---------|--------------------------------------------------------|--|---------|---------------------------------------------------|--|---------|
| District/CTC:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                                                     |                       | Project Name:          |                         |                         |                         |                        |                         | Grades: _____ - _____  |                            |            |  |         |                                  |  |         |            |  |         |                                |  |         |                                   |  |         |                                                        |  |         |                                                   |  |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    | <b>PROJECT PLANNED SPACES - SCHEDULED AREA ONLY</b> |                       |                        |                         |                         |                         |                        |                         |                        |                            |            |  |         |                                  |  |         |            |  |         |                                |  |         |                                   |  |         |                                                        |  |         |                                                   |  |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    | EXISTING                                            |                       |                        |                         | NEW                     |                         |                        |                         | TOTAL                  |                            |            |  |         |                                  |  |         |            |  |         |                                |  |         |                                   |  |         |                                                        |  |         |                                                   |  |         |
| #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | #2                 | #3                                                  | #4                    | #5                     | #6                      | #7                      | #8                      | #9                     | #10                     | #11                    | #12                        |            |  |         |                                  |  |         |            |  |         |                                |  |         |                                   |  |         |                                                        |  |         |                                                   |  |         |
| NAME OF SPACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | UNIT<br>FTE<br>CAP | UNIT<br>AREA<br>SQ FT                               | NUMBER<br>OF<br>UNITS | TOTAL<br>AREA<br>SQ FT | TOTAL<br>FTE<br>CAP     | UNIT<br>AREA<br>SQ FT   | NUMBER<br>OF<br>UNITS   | TOTAL<br>AREA<br>SQ FT | TOTAL<br>FTE<br>CAP     | TOTAL<br>AREA<br>SQ FT | TOTAL<br>FTE<br>CAP        |            |  |         |                                  |  |         |            |  |         |                                |  |         |                                   |  |         |                                                        |  |         |                                                   |  |         |
| ADJUSTED ELEMENTARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | XXX                | XXXXX                                               | XXXXX                 |                        |                         | XXXXX                   | XXXXX                   |                        |                         |                        |                            |            |  |         |                                  |  |         |            |  |         |                                |  |         |                                   |  |         |                                                        |  |         |                                                   |  |         |
| ADJUSTED MS/SEC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | XXX                | XXXXX                                               | XXXXX                 |                        |                         | XXXXX                   | XXXXX                   |                        |                         |                        |                            |            |  |         |                                  |  |         |            |  |         |                                |  |         |                                   |  |         |                                                        |  |         |                                                   |  |         |
| NATATORIUM *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    | XXXXX                                               | XXXXX                 |                        |                         | XXXXX                   | XXXXX                   |                        |                         |                        |                            |            |  |         |                                  |  |         |            |  |         |                                |  |         |                                   |  |         |                                                        |  |         |                                                   |  |         |
| NATATORIUM LOCKER<br>ROOM, DRYING &<br>SHOWER RM - BOYS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | XXX<br>XXX         | XXXXX<br>XXXXX                                      | XXXXX<br>XXXXX        |                        | XXXXX<br>XXXXX<br>XXXXX | XXXXX<br>XXXXX<br>XXXXX | XXXXX<br>XXXXX<br>XXXXX |                        | XXXXX<br>XXXXX<br>XXXXX |                        | XXXXXX<br>XXXXXX<br>XXXXXX |            |  |         |                                  |  |         |            |  |         |                                |  |         |                                   |  |         |                                                        |  |         |                                                   |  |         |
| NATATORIUM LOCKER<br>ROOM, DRYING &<br>SHOWER RM - GIRLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | XXX<br>XXX         | XXXXX<br>XXXXX                                      | XXXXX<br>XXXXX        |                        | XXXXX<br>XXXXX<br>XXXXX | XXXXX<br>XXXXX<br>XXXXX | XXXXX<br>XXXXX<br>XXXXX |                        | XXXXX<br>XXXXX<br>XXXXX |                        | XXXXXX<br>XXXXXX<br>XXXXXX |            |  |         |                                  |  |         |            |  |         |                                |  |         |                                   |  |         |                                                        |  |         |                                                   |  |         |
| DIST ADMIN OFFICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | XXX                | XXXXX                                               | XXXXX                 |                        |                         | XXXXX                   | XXXXX                   |                        |                         |                        |                            |            |  |         |                                  |  |         |            |  |         |                                |  |         |                                   |  |         |                                                        |  |         |                                                   |  |         |
| VOCATIONAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | XXX                | XXXXX                                               | XXXXX                 |                        |                         | XXXXX                   | XXXXX                   |                        |                         |                        |                            |            |  |         |                                  |  |         |            |  |         |                                |  |         |                                   |  |         |                                                        |  |         |                                                   |  |         |
| PRJT BUILDING TOTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | XXX                | XXXXX                                               | XXXXX                 |                        | XXXXX                   | XXXXX                   | XXXXX                   |                        | XXXXX                   |                        | XXXXXX                     |            |  |         |                                  |  |         |            |  |         |                                |  |         |                                   |  |         |                                                        |  |         |                                                   |  |         |
| <p>* REFER TO THE PART A INSTRUCTIONS TO DETERMINE IF CAPACITY SHOULD BE ASSIGNED.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                                                     |                       |                        |                         |                         |                         |                        |                         |                        |                            |            |  |         |                                  |  |         |            |  |         |                                |  |         |                                   |  |         |                                                        |  |         |                                                   |  |         |
| <b>PLANNED ARCHITECTURAL AREA FOR TOTAL BUILDING</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                                     |                       |                        |                         |                         |                         |                        |                         |                        |                            |            |  |         |                                  |  |         |            |  |         |                                |  |         |                                   |  |         |                                                        |  |         |                                                   |  |         |
| <p>For the purpose of determining square footage for a construction project in applying for a referendum exception under Special Session Act 1 of 2006, Section 333 (f) (2) (iii) (C), academic secondary square footage includes secondary and vocational architectural area. For academic buildings housing both elementary and secondary grades, assign architectural area for the entire academic building based on the room schedule(s) completed for this project.</p> <p>If a room schedule includes spaces for both elementary and secondary, then the architectural area must be prorated based on the number of elementary and secondary grades. For example, for a middle school housing sixth, seventh and eighth grades, one-third of the architectural area for the entire academic building would be reported as elementary and two-thirds as secondary. For a K-12 building with elementary (K-5) and middle/secondary (6-12) room schedules completed, the architectural area for all of the spaces on the elementary room schedule <b>plus</b> the prorated architectural area for sixth grade included on the middle/secondary room schedule would be reported as elementary.</p> <p>If there any questions, contact the Division of School Facilities for further direction.</p> |                    |                                                     |                       |                        |                         |                         |                         |                        |                         |                        |                            |            |  |         |                                  |  |         |            |  |         |                                |  |         |                                   |  |         |                                                        |  |         |                                                   |  |         |
| <p><b>PLANNED ARCHITECTURAL AREA (NEW <u>PLUS</u> EXISTING)</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">ELEMENTARY</td> <td style="border-bottom: 1px solid black; width: 20%;"></td> <td style="width: 20%; text-align: right;">sq. ft.</td> </tr> <tr> <td>SECONDARY (INCLUDING VOCATIONAL)</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: right;">sq. ft.</td> </tr> <tr> <td>NATATORIUM</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: right;">sq. ft.</td> </tr> <tr> <td>DISTRICT ADMINISTRATION OFFICE</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: right;">sq. ft.</td> </tr> <tr> <td>DAY CARE/PRE-SCHOOL (NONACADEMIC)</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: right;">sq. ft.</td> </tr> <tr> <td>NON-DISTRICT USE (HEALTH CLINIC, PUBLIC LIBRARY, ETC.)</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: right;">sq. ft.</td> </tr> <tr> <td>PROJECT BUILDING TOTAL (MUST EQUAL F13, LINE E-3)</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: right;">sq. ft.</td> </tr> </table>                                                                   |                    |                                                     |                       |                        |                         |                         |                         |                        |                         |                        |                            | ELEMENTARY |  | sq. ft. | SECONDARY (INCLUDING VOCATIONAL) |  | sq. ft. | NATATORIUM |  | sq. ft. | DISTRICT ADMINISTRATION OFFICE |  | sq. ft. | DAY CARE/PRE-SCHOOL (NONACADEMIC) |  | sq. ft. | NON-DISTRICT USE (HEALTH CLINIC, PUBLIC LIBRARY, ETC.) |  | sq. ft. | PROJECT BUILDING TOTAL (MUST EQUAL F13, LINE E-3) |  | sq. ft. |
| ELEMENTARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    | sq. ft.                                             |                       |                        |                         |                         |                         |                        |                         |                        |                            |            |  |         |                                  |  |         |            |  |         |                                |  |         |                                   |  |         |                                                        |  |         |                                                   |  |         |
| SECONDARY (INCLUDING VOCATIONAL)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    | sq. ft.                                             |                       |                        |                         |                         |                         |                        |                         |                        |                            |            |  |         |                                  |  |         |            |  |         |                                |  |         |                                   |  |         |                                                        |  |         |                                                   |  |         |
| NATATORIUM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    | sq. ft.                                             |                       |                        |                         |                         |                         |                        |                         |                        |                            |            |  |         |                                  |  |         |            |  |         |                                |  |         |                                   |  |         |                                                        |  |         |                                                   |  |         |
| DISTRICT ADMINISTRATION OFFICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    | sq. ft.                                             |                       |                        |                         |                         |                         |                        |                         |                        |                            |            |  |         |                                  |  |         |            |  |         |                                |  |         |                                   |  |         |                                                        |  |         |                                                   |  |         |
| DAY CARE/PRE-SCHOOL (NONACADEMIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    | sq. ft.                                             |                       |                        |                         |                         |                         |                        |                         |                        |                            |            |  |         |                                  |  |         |            |  |         |                                |  |         |                                   |  |         |                                                        |  |         |                                                   |  |         |
| NON-DISTRICT USE (HEALTH CLINIC, PUBLIC LIBRARY, ETC.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    | sq. ft.                                             |                       |                        |                         |                         |                         |                        |                         |                        |                            |            |  |         |                                  |  |         |            |  |         |                                |  |         |                                   |  |         |                                                        |  |         |                                                   |  |         |
| PROJECT BUILDING TOTAL (MUST EQUAL F13, LINE E-3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    | sq. ft.                                             |                       |                        |                         |                         |                         |                        |                         |                        |                            |            |  |         |                                  |  |         |            |  |         |                                |  |         |                                   |  |         |                                                        |  |         |                                                   |  |         |

| COMPARATIVE DESIGN ANALYSIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |                       |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------------|
| District/CTC:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Project Name:   | Grades: _____ - _____ |                       |
| <b>SCHEDULED AREA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                       |
| A. Planned Scheduled Area - Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _____           | +                     | _____ = _____ sq. ft. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (F12, ADJ ELEM) |                       | (F12, ADJ MS/SEC)     |
| B. Recommended Scheduled Area                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                       |
| 1. Adjusted FTE - Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _____           |                       | _____                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (F12, ADJ ELEM) |                       | (F12, ADJ MS/SEC)     |
| 2. Recommended Square Feet per student                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 58              |                       | 78                    |
| 3. Recommended Scheduled Area (B-1 times B-2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _____           | +                     | _____ = _____ sq. ft. |
| C. Difference between Planned and Recommended Scheduled Areas (A minus B-3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |                       | _____ sq. ft.         |
| D. Difference as a Percent of Recommended Scheduled Area (C divided by B-3 times 100)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       | _____ %               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                       | (CARRY TO 2 DEC PL)   |
| <p><b>If Line D is greater than minus 10%, refer to instructions for the Comparative Design Analysis Adjustment calculation on F14 form. If Line D is greater than plus 10%, justification for the excess scheduled area must be provided. Check the following if applicable.</b></p> <p>_____ LARGER THAN NORMAL SCHEDULED AREAS REQUIRED TO ACCOMMODATE EDUCATIONAL PROGRAMS AND COMMUNITY NEEDS</p> <p>_____ LARGER THAN NORMAL SCHEDULED AREAS DUE TO EXISTING BUILDING CONDITIONS</p> <p>_____ RELATIVELY LOW ENROLLMENT TO CAPACITY ADJUSTMENT FACTOR (F03, Line F)</p> <p>_____ OTHER (DESCRIBE): _____</p> |                 |                       |                       |
| <b>ARCHITECTURAL TO SCHEDULED AREA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                       |
| E. Planned Architectural Area for Total Building                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                       |
| 1. Existing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _____           |                       | sq. ft.               |
| 2. New/Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _____           |                       | sq. ft.               |
| 3. Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                       | _____ sq. ft.         |
| F. Planned Scheduled Area for Total Building                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                       | _____ sq. ft.         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                       | (F12, PRJT BLDG TOT)  |
| G. Planned Architectural Area divided by Planned Scheduled Area (E-3 divided by F)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                       | _____                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                       | (CARRY TO 3 DEC PL)   |
| <p><b>If the above ratio of architectural area to scheduled area for this building is greater than 1.58, justification for excess architectural area must be provided. Check the following if applicable:</b></p> <p>_____ LARGER THAN NORMAL LOBBIES AND ENTRANCE AREAS</p> <p>_____ SINGLE-LOADED COORIDORS</p> <p>_____ LARGER THAN NORMAL STORAGE AREAS</p> <p>_____ LARGER THAN NORMAL STAIRWAYS</p> <p>_____ OTHER (DESCRIBE): _____</p>                                                                                                                                                                     |                 |                       |                       |

| FULL TIME EQUIVALENTS CONVERTED TO RATED PUPIL CAPACITY                                                                                                            |                         |                       |                       |                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------|-----------------------|------------------|
| District/AVTS:                                                                                                                                                     | Project Name:           | Grades: _____ - _____ |                       |                  |
| <b>COMPARATIVE DESIGN ANALYSIS ADJUSTMENT -</b><br><b>ONLY COMPLETE THIS SECTION IF F13, LINE D IS LESS THAN -10%</b>                                              |                         |                       |                       |                  |
| I. DIFFERENCE AS PERCENT OF RECOMMENDED SCHEDULED AREA<br>(only enter F13, line D if value is less than -10%)                                                      |                         | _____                 |                       |                  |
| II. MINIMUM VARIANCE (F13)                                                                                                                                         |                         | -10.00%               |                       |                  |
| III. DIFFERENCE                                                                                                                                                    |                         | _____                 |                       |                  |
| <b>ELEMENTARY</b>                                                                                                                                                  |                         |                       |                       |                  |
| A. ADJUSTED ELEMENTARY FTE (F12, ADJ ELEM)                                                                                                                         | EXISTING                | _____                 | NEW                   | _____            |
| B. MIDDLE/SECONDARY SCHOOL ELEMENTARY FTE<br>(Use this section for schools with both elementary <u>and</u> secondary grades on the Middle/Secondary Room Schedule) |                         |                       |                       |                  |
| 1. Number of Elementary Grades<br>(K-6) on the Middle/Secondary Room Schedule (Pages F06-F08)                                                                      | _____                   |                       |                       |                  |
| 2. Total Number of Grades<br>(K-12) on the Middle/Secondary Room Schedule (Pages F06-F08)                                                                          | _____                   |                       |                       |                  |
| 3. Elementary Grades Divided<br>By Total Number of Grades<br>(B-1 divided by B-2)                                                                                  | _____                   | (ROUND TO 4 DEC PL)   |                       |                  |
| 4. Adjusted MS/SEC FTE<br>(F12, ADJ MS/SEC)                                                                                                                        | _____                   | +                     | _____                 |                  |
| 5. MS Elementary FTE<br>(B-3 times B-4; round to whole number)                                                                                                     | _____                   |                       | _____                 |                  |
| C-1. Total Elementary FTE (A plus B-5)                                                                                                                             | _____                   | +                     | _____                 | = _____          |
| 2. Elementary FTE Reduction<br>(if III < 0%, III times C-1; else 0)                                                                                                | _____                   |                       | _____                 | _____            |
| 3. Total Elementary FTE based on<br>Comparative Design Analysis                                                                                                    | _____                   | +                     | _____                 | = _____<br>(FTE) |
| 4. Rated Pupil Capacity Factor                                                                                                                                     |                         |                       |                       | _____            |
| 5. Elementary Rated Pupil Capacity<br>(C-3 times C-4)                                                                                                              |                         |                       |                       | _____<br>(RPC)   |
| <b>SECONDARY</b>                                                                                                                                                   |                         |                       |                       |                  |
| D. ADJUSTED MIDDLE/SECONDARY FTE<br>(F12, ADJ MS/SEC)                                                                                                              | _____                   |                       | _____                 |                  |
| E. LESS: MS Elementary FTE (B-5)                                                                                                                                   | _____                   |                       | _____                 |                  |
| F-1. TOTAL MIDDLE/SECONDARY FTE (D minus E)                                                                                                                        | _____                   | +                     | _____                 | = _____          |
| 2. Middle/Secondary FTE Reduction<br>(if III < 0%, III times F-1; else 0)                                                                                          | _____                   |                       | _____                 | _____            |
| 3. Total Middle/Secondary FTE based on<br>Comparative Design Analysis                                                                                              | _____                   | +                     | _____                 | = _____<br>(FTE) |
| 4. Rated Pupil Capacity Factor                                                                                                                                     |                         |                       |                       | _____            |
| 5. Middle/Secondary Rated Pupil Capacity<br>(F-3 times F-4)                                                                                                        |                         |                       |                       | _____<br>(RPC)   |
| G-1. NATATORIUM FTE (F12, NAT)                                                                                                                                     | _____                   | +                     | _____                 | = _____          |
| 2. Natatorium Rated Pupil Capacity<br>(G-1 times 1.11)                                                                                                             |                         |                       |                       | _____<br>(RPC)   |
| H-1. CENTRAL DISTRICT ADMIN OFFICE FTE<br>(F12, DAO)                                                                                                               | _____                   | +                     | _____                 | = _____          |
| 2. DAO Rated Pupil Capacity<br>(H-1 times 1.11)                                                                                                                    |                         |                       |                       | _____<br>(RPC)   |
| I. TOTAL SECONDARY (F-5 plus G-2 and H-2)                                                                                                                          | _____<br>(FTE)          |                       | _____<br>(FTE)        | _____<br>(RPC)   |
| <b>VOCATIONAL</b>                                                                                                                                                  |                         |                       |                       |                  |
| J. VOCATIONAL                                                                                                                                                      | _____<br>(F10, VOC FTE) | X                     | _____<br>(RPC FACTOR) | = _____<br>(RPC) |



**CERTIFICATE OF OWNERSHIP**

**TO BE COMPLETED BY THE SCHOOL DISTRICT OR CTC**  
**ONLY IF PROPERTY ACQUIRED AS PART OF THIS PLANCON PROJECT**

DISTRICT/CTC: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
PRJT BLDG NAME: \_\_\_\_\_ PROJECT #: \_\_\_\_\_  
SITE LOCATION: \_\_\_\_\_ SITE SIZE: \_\_\_\_\_ ACRES

BUILDING TYPE: NEW BUILDING \_\_\_\_\_ ADDITION TO EXISTING BUILDING \_\_\_\_\_  
ADDITION AND ALTERATION \_\_\_\_\_ ALTERATION ONLY \_\_\_\_\_

TOTAL NUMBER OF ACRES: EXISTING: \_\_\_\_\_ PURCHASED: \_\_\_\_\_ CONDEMNED: \_\_\_\_\_

| <u>NAME OF PROPERTY PURCHASED OR DONATED:</u> | <u>ACRES</u> | <u>SETTLEMENT DATE</u> |
|-----------------------------------------------|--------------|------------------------|
| #1: _____                                     | _____        | _____                  |
| #2: _____                                     | _____        | _____                  |
| #3: _____                                     | _____        | _____                  |
| #4: _____                                     | _____        | _____                  |
| #5: _____                                     | _____        | _____                  |
| #6: _____                                     | _____        | _____                  |
| #7: _____                                     | _____        | _____                  |
| #8: _____                                     | _____        | _____                  |
| #9: _____                                     | _____        | _____                  |
| #10: _____                                    | _____        | _____                  |

| <u>NAME OF PROPERTY CONDEMNED:</u> | <u>DECLARATION OF TAKING</u> | <u>FILING DATE</u> |
|------------------------------------|------------------------------|--------------------|
| #1: _____                          | _____                        | _____              |
| #2: _____                          | _____                        | _____              |
| #3: _____                          | _____                        | _____              |
| #4: _____                          | _____                        | _____              |
| #5: _____                          | _____                        | _____              |
| #6: _____                          | _____                        | _____              |
| #7: _____                          | _____                        | _____              |
| #8: _____                          | _____                        | _____              |
| #9: _____                          | _____                        | _____              |
| #10: _____                         | _____                        | _____              |

**TO BE COMPLETED BY THE DISTRICT/CTC SOLICITOR**

It is my understanding that the Pennsylvania Department of Education requires that a school district/area vocational-technical school hold clear title to all property related to the project site before advertising for construction bids. I hereby certify that, as of this date, settlement has taken place for all properties purchased or donated. I also certify that, as of this date, all appeals related to the amount of taking have been resolved for those properties acquired through the eminent domain process and only the determination of just compensation and damages remains outstanding.

\_\_\_\_\_  
Signature, School Solicitor

\_\_\_\_\_  
School Solicitor's Name, Printed or Typed

\_\_\_\_\_  
School Solicitor's Address

\_\_\_\_\_  
Date

| PROJECT INFORMATION                       |                                                                                                                                                                          |            |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| District/CTC:                             | Project Name:                                                                                                                                                            | Project #: |
| HEATING, VENTILATING AND AIR CONDITIONING |                                                                                                                                                                          |            |
| HEATING:                                  | <input type="checkbox"/> Hot Water <input type="checkbox"/> Steam <input type="checkbox"/> Air <input type="checkbox"/> Radiant<br><input type="checkbox"/> Other: _____ |            |
| Energy Source -                           | <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Geothermal<br><input type="checkbox"/> Other: _____ |            |
| VENTILATING:                              | <input type="checkbox"/> Mechanical - Describe the system and indicate its location:<br>_____<br><input type="checkbox"/> Natural - Describe: _____                      |            |
| Energy Source -                           | <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Geothermal<br><input type="checkbox"/> Other: _____ |            |
| AIR CONDITIONING:                         | <input type="checkbox"/> Entire Project Building<br><input type="checkbox"/> Limited Areas of the Project Building - Describe:<br>_____                                  |            |
| Energy Source -                           | <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Geothermal<br><input type="checkbox"/> Other: _____ |            |

| PLUMBING                          |                            |                               |                    |
|-----------------------------------|----------------------------|-------------------------------|--------------------|
| WATER SYSTEM:                     |                            |                               |                    |
| _____ Connection to Public System | _____ On-Site Water System | Permit Expiration Date: _____ | (MM-YYYY)          |
| SANITARY SEWAGE SYSTEM:           |                            |                               |                    |
| _____ Connection to Public System | _____ On-Site System       | Permit Expiration Date: _____ | (MM-YYYY)          |
| GAS SYSTEM:                       | _____ Propane              | _____ Gas                     | _____ OTHER: _____ |

| ELECTRICAL                              |                             |                          |  |
|-----------------------------------------|-----------------------------|--------------------------|--|
| SERVICE & UTILITY (Volts, Phase, Wire): |                             |                          |  |
| Service Size: _____                     | _____ Overhead              | _____ Underground        |  |
| Utility Company: _____                  | _____ Primary Customer      | _____ Secondary Customer |  |
| Transformer Owner: _____                | Special Transformers: _____ |                          |  |

| GENERAL INFORMATION                                                                                              |           |          |
|------------------------------------------------------------------------------------------------------------------|-----------|----------|
| Is there an adopted municipal comprehensive land use plan, as per the Pennsylvania Municipalities Planning Code? | Yes _____ | No _____ |
| Is there an adopted county comprehensive land use plan?                                                          | Yes _____ | No _____ |
| Is there an adopted multi-municipal or multi-county comprehensive land use plan?                                 | Yes _____ | No _____ |
| Is there an adopted county or municipal zoning ordinance or a joint municipal zoning ordinance?                  | Yes _____ | No _____ |
| Is the proposed project consistent with these comprehensive plans and/or zoning ordinances?                      | Yes _____ | No _____ |

# CONSTRUCTION SPECIFICATION REQUIREMENTS

District/CTC: \_\_\_\_\_ Project #: \_\_\_\_\_  
 Project Building Name: \_\_\_\_\_

The following page numbers refer to the construction specifications for:

\_\_\_\_\_ The Entire Project \_\_\_\_\_ Phase \_\_\_\_\_

\_\_\_\_\_ Asbestos Abatement \_\_\_\_\_ Other \_\_\_\_\_

**NOTE: A separate Page F17 must be submitted for each set of construction specifications identified above.**

| PAGE #<br>IN SPEC | SPECIFICATION (Refer to the Specification Requirements in the Part F instructions, Attachment B. <b>NOTE: Specification clauses do not need to be verbatim.</b> ) |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   | Proposed Advertisement - Request for Sealed Bids, Bid Opening Date Specified                                                                                      |
|                   | Instruction to Bidders                                                                                                                                            |
|                   | Completion Date or Number of Calendar Days from Notice to Proceed                                                                                                 |
|                   | Bid Security (recommended but not required)                                                                                                                       |
|                   | Contractor's Insurance (recommended but not required)                                                                                                             |
|                   | Separate Prime Contracts for General, HVAC, Electrical, Plumbing & Asbestos (applicable if total project costs exceed \$10,000)                                   |
|                   | Bid Proposal Form(s)                                                                                                                                              |
|                   | Labor and Material Bond and Performance Bond @ 100% of the Contract                                                                                               |
|                   | No Cash Allowance Provision                                                                                                                                       |
|                   | Prevailing Wage Requirement Clause (estimated costs greater than \$25,000)                                                                                        |
|                   | Labor & Industry Prevailing Wage Scales (estimated costs greater than \$25,000)                                                                                   |
|                   | Competent Workmen Clause (estimated costs equal to or less than \$25,000)                                                                                         |
|                   | Discrimination Prohibited Clause (62 Pa.C.S.A. § 3701)                                                                                                            |
|                   | Human Relations Reference (Act 222 of 1955 as amended)                                                                                                            |
|                   | Standard of Quality Clause                                                                                                                                        |
|                   | Domestic Steel and Cast Iron Products (Act 3 of 1978 as amended)                                                                                                  |
|                   | PlanCon Page G08, Prime Contractor Certification (with top section completed)                                                                                     |
|                   | Alternate bid(s)                                                                                                                                                  |
|                   | Combined bid(s)                                                                                                                                                   |

## PREPARATION AND REVIEW OF CONSTRUCTION DOCUMENTS

|                                     |                 |                                        |                                    |
|-------------------------------------|-----------------|----------------------------------------|------------------------------------|
| PREPARED AND<br>REVIEWED BY:        | Architect _____ | Engineer _____                         | Other Professional (specify) _____ |
| Signature, Professional:            |                 | Professional's Name, Printed or Typed: |                                    |
| Firm Name, Address & Telephone No.: |                 |                                        | Date:                              |

| PDE USE ONLY | WORKING DRAWINGS - GENERAL REQUIREMENTS                |
|--------------|--------------------------------------------------------|
|              | Seal of Professional Architect or Engineer on Drawings |
|              | Outswinging doors (May 1, 1925 or later)               |

# ROUGH GRADING TO RECEIVE THE BUILDING

District/CTC:

Project Name:

Project #:

Briefly describe the proposed work needed for rough grading to receive the building, defined as the earth excavation and compacted fill needed to prepare a rough plain that will permit contractors to stake out the building to an elevation of one foot below the finished floor and to a line ten feet beyond the exterior of the proposed building or sizeable addition(s).

**In order for this office to replicate all quantities, submit calculations, diagrams and sections identifying the cut/fill line, finish floor elevations, topographic elevations and the building footprint.**

Reimbursement may be requested for earth excavation and compacted fill necessary to prepare the rough plane defined above; stripping of a maximum of six inches of topsoil will also be considered for reimbursement.

The following work is not eligible for reimbursement: (1.) minimal grading for additions where the present grade is relatively near the floor elevation; (2.) excessive cut and fill where other design or structural considerations should have been made; (3.) special grading for stages, auditoriums, swimming pools, boiler rooms, and crawl spaces; (4.) excavation of unsuitable materials and fill; (5.) rock excavation or boulder removal; (6.) trucking costs for additional fill; (7.) clearing of natural growth; (8.) stabilization of mine areas; (9.) demolition of buildings and roads, etc.; (10.) construction in courtyards and crawl spaces; and (11.) where the total volume of earth movement is less than 500 cubic yards.

## MAXIMUM REIMBURSABLE COSTS

A. AREA BASED ON THE NEW BUILDING/ADDITION FOOTPRINT + 10' BEYOND = \_\_\_\_\_ Sq. Ft.

### B. MAXIMUM ALLOWABLE COSTS

|                            |                |   |                 |      |       |
|----------------------------|----------------|---|-----------------|------|-------|
| 1. STRIP TOP SOIL          | _____ cu. yds. | X | \$9.00 /cu.yd.  | = \$ | _____ |
| 2. CUT                     | _____ cu. yds. | X | \$9.00 /cu.yd.  | = \$ | _____ |
| 3. COMPACTED FILL          | _____ cu. yds. | X | \$17.00 /cu.yd. | = \$ | _____ |
| 4. MAXIMUM ALLOWABLE COSTS |                |   |                 |      |       |
| (B-1 plus B-2 and B-3)     |                |   |                 | \$   | _____ |

| SANITARY SEWAGE DISPOSAL |               |            |
|--------------------------|---------------|------------|
| District/CTC:            | Project Name: | Project #: |

Project #:

**Provide actual documentation, including the cost in dollars, from the sewer authority to support any claims for tap-in fees or reserve capacity charges.**

COMPLETE THIS SECTION ONLY IF REQUESTING AN EXCEPTION  
TO THE MAXIMUM ALLOWANCE FOR SANITARY SEWAGE DISPOSAL

Provide a justification if requesting an exception.

[illegible]

## A. REQUIREMENTS FOR SANITARY SEWAGE DISPOSAL

OTHER:

| B. MAXIMUM ALLOWABLE COSTS | EXCEPTION REQUESTED: | YES | NO | YES OR NO |
|----------------------------|----------------------|-----|----|-----------|
|----------------------------|----------------------|-----|----|-----------|

\$

**CERTIFICATION IN LIEU OF AGENCY APPROVALS, PERMITS & SERVICE AVAILABILITY LETTERS**

District/CTC:

Project Name:

Project #:

The following certification is submitted in lieu of documentation of agency approvals, permits and service availability letters except for those from the local and county planning commissions, copies of which must still be submitted. The architect of record completing this certification must be a registered architect in Pennsylvania. The district must maintain the applicable records for audit purposes.

Certificate of Architect of Record:

I certify that I have apprised the board to the best of my knowledge and belief as to applicable reviews and approvals that must be obtained from federal, state and local government agencies, prior to entering into construction contracts.

\_\_\_\_\_  
Signature of PA Registered Architect\_\_\_\_\_  
PA Registered Architect's Name, Printed or Typed\_\_\_\_\_  
Architectural Firm's Name and Address\_\_\_\_\_  
Date

Board Resolution:

To the best of its knowledge and belief, the board of school directors certifies to the following:

1. The board will not enter into construction contracts until it has received written approval for PlanCon Part F, Construction Documents, from the Department of Education.
2. The board of school directors has obtained, or will obtain, all necessary approvals from local, regional, and state agencies relating to health, safety, design, planning highway access, and freedom from flooding and subsidence, prior to entering into construction contracts.
3. The board acknowledges that failure to obtain the requisite approvals prior to entering into construction contracts may be sufficient cause for the Department of Education to revoke its approval for this project. If approval is revoked, the project will not be reimbursed by the Commonwealth.

Board Action Date: \_\_\_\_\_

Voting:    AYE \_\_\_\_\_    NAY \_\_\_\_\_    ABSTENTIONS \_\_\_\_\_    ABSENT \_\_\_\_\_

\_\_\_\_\_  
Signature, Board Secretary\_\_\_\_\_  
Board Secretary's Name, Printed\_\_\_\_\_  
Date