

**Emergency Funding Application**

**Initial Submission Date:** 8/14/2012 10:24:05 AM

**Resubmittal Date:**

Please provide as much of the requested information as possible. SFB staff will assist in developing required information that is not currently available.

**District Name:** Miami Unified District  
**Superintendent:** don nelson  
**Contact Person:** cyndi prater  
**Contact Phone Number:** 928-701-4491  
**Contact Email:** cprater@miamiusd40.org  
**School Site:** Lee Kornegay Middle School  
**Buildings:** 1001 A Building

**Description of Problem**

Please include a detailed description of the issues, as well as a description of and a copy of any professional studies, citations or reports from government entities, recommended solutions, and any cost information or estimates. If additional space is needed, please attach.

this building has been closed for the past 3 or 4 years and now is needed to have 4 classrooms used by the begarano school across the street. the roof drains have caused damage in the classrooms below. roofing experts claim that the collars on the roof drains on the roof need to be replaced with new material underneath. there is also a mold issue with the sheetrock in these classrooms from the leaking of the roof drains.

**Project Category:** Roofing

**Are any of the above-described issues in buildings or part of buildings that are leased to another entity, including a district sponsored charter school?** N

**Available Funding**

<b>Available Funding Source</b>	<b>Amount</b>
Current unencumbered building renewal fund balance (Fund 690):	\$0.00
Current fiscal year building renewal expenditures:	\$0.00
Current balance of unrestricted capital:	\$0.00

Please outline any associated insurance coverage.

the insurance company says they won't pay for the roof repairs, but that it may contribute to the abatement issues in the infected classrooms. the district doesn't have the funds to remedy this situation.

**Liaison:** Breuer gbreuer@azsfb.gov 602-542-6139

## Emergency Funding Application

Superintendent Printed Name \_\_\_\_\_

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date