

**Emergency Deficiencies Correction Funding Application**

**Initial Submission Date:**

**Application ID:** 185

**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:** Kyrene Elementary District

**Superintendent:** David Schauer

**Contact Person:** David Wheeler

**Contact Phone Number:** 480-541-1600

**Contact Email:** dwheel@kyrene.org

**School Site:** Kyrene Monte Vista School

**Buildings:** 1001 A1000

**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.

Single ply roof system that was installed in 2003 is failing. During recent monsoon storms the building has developed leaks and our investigations have found that the insulation under the single ply as well as the insulation under the previous existing roof are wet and water is ponding between the insulation and the metal decking. We are currently working with the MFG. under their warranty program to address the current issues

**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** Was money to address this issue included in your adopted budget for this fiscal year? ?

Current unencumbered building renewal fund balance (Fund 690):

Current fiscal year building renewal expenditures:

Current balance of unrestricted capital:

Please outline any associated insurance coverage.

(i.e. District does not have sufficient insurance coverage to remedy this problem. Of the \$5,000 remaining balance in the building renewal fund, \$3,000 of it is earmarked for other projects. District can contribute \$2,000 for this project.) Case 2

**Liaison:** Cruse

pcruse@azsfb.gov

602-364-1193

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

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

\_\_\_\_\_  
Date