

**Building Renewal Grant Application**

**Initial Submission Date:**

**Application ID:** 476

**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:** Colorado River Union High School District

**Superintendent:** Riley Frei

**Contact Person:** Donna Roach

**Contact Phone Number:** 928.788.1405

**Contact Email:** droach@cruhsd.org

**School Site:** Mohave High School

**Buildings:** 9999 School Wide

**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.

We are trying to fix a security issue with our Lock and Key's on the MHS Campus. Currently we are working with 3 different key systems which have been put into place over the past 60 years. We have multiple master keys which over several years have been handed out allowing for entry into many different areas without approval. Some of these areas include offices where records as well as money for the school are kept. We also have rumors of community keys which strike fear into many of the staff regarding their safety as well as the safety of the students. The system we have on campus at this time with our Lock and Key situation has left our security ineffective. In light of recent events across this country we need to upgrade our security on our campus which includes a major overhaul to our Lock and Keys system.

**Project Category:** General Renovations

**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**

Current unencumbered building renewal fund balance (Fund 690):	\$0.00
Amount of Local funds planned for this project	\$0.00

Please outline any associated insurance coverage.

**Liaison:** Breuer

gbreuer@azsfb.gov

602-542-6139

## Building Renewal Grant Application

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

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

\_\_\_\_\_  
Date