

**Building Renewal Grant Application**

**Initial Submission Date:** 2/20/2018 1:08:26 PM

**Application ID:** 5286

**Resubmittal Date:** 8/15/2018 1:32:54 PM

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:** Creighton Elementary District

**Superintendent:** Dr. Donna Lewis

**Contact Person:** jim mcvey

**Contact Phone Number:** 602 316 2849

**Contact Email:** jmcvey@creightonschools.org

**School Site:** Gateway School

**Buildings:**

1001	A
1002	B
1003	C
1004	Storage Bldg
9999	School Wide

**Is the space listed above used for student instruction or other academic purposes?**

Yes, The space is used by staff and students it is a school that is in session.

**Application Title:** gateway emergency exit signs

**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.

gateways emergency exit signs will become non compliant in may of 2018, they are tritium (glow in the dark) an have a life span of 20 years. the district is asking to replace the existing sign to keep the school in compliance. the district estimates the cost to be around 50,000

**Project Category:** Special Equipment

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**

Amount of Local funds planned for this project \$0.00

Description of local funds indicated above

Please outline any associated insurance coverage.

## Building Renewal Grant Application

**Liaison:** Monreal

cmonreal@azsfb.gov

602-364-4977

I attest that the district has performed preventive maintenance in accordance with ASRS § 15-2032      Y

I, the Superintendent, attest that the information is accurate and has been completed and submitted by authorized employees of the district.      Y

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

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

\_\_\_\_\_  
Date