

**Building Renewal Grant Application**

**Initial Submission Date:** 11/6/2019 9:54:11 AM

**Application ID:** 7251

**Resubmittal Date:** 12/5/2019 1:06:40 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:** Cave Creek Unified District

**Superintendent:** Dr. Debbi Burdick

**Contact Person:** Mike Santina

**Contact Phone Number:** 4805752051

**Contact Email:** jsalazar@ccusd93.org

**School Site:** Sonoran Trails Middle School

**Buildings:** 9999 School Wide

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

yes, campus wide

**Application Title:** Sonoran Trails Middle School

**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.

The No. 2 chiller at the central plant which services primarily Sonoran Trails Middle School has failed on many levels. Most recent occurrence happened on 10/30/19 when oil was discovered in the evaporator coil. Given the age of the unit, the past history and the most recent occurrence, the District communicated with the SFB liasion and it's believed this chiller should be replaced.

**Project Category:** HVAC

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
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Description of local funds indicated above

none
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Please outline any associated insurance coverage.

none
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**Liaison:** Kennon

dkennon@azsfb.gov

602-364-0538

## Building Renewal Grant Application

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