SFB BR 900-08

Project Application Form

Building Renewal Grant Application

Initial Submission Date: 11/15/2019 9:17:36 AM Application ID: 7287

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: Casa Grande Elementary District

Superintendent: JoEtta Gonzales, Ed.D.

Contact Person: Dennis York **Contact Phone Number:** 5203714268

Contact Email: dennis.york@cgelem.k12.az.us

School Site: Cactus Middle School

Buildings: 1001 Administration

1002 Multi-purpose Room

1003 Gymnasium

1004 Media Center, Classrooms

1005 Classrooms

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

Yes, spaces are used for student instruction and other academic purposes.

Application Title: Cactus MS Weatherization Assessment

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.

Original paint application of exterior school walls is significantly worn in numerous locations, along with other observable issues with expansion joints and cracking, that permit water penetration. Multiple attempts have been made to stop leaks from entering. After a site walk of school with SFB liaison on October 22, 2019, a weatherization assessment was recommended.

Attached is a proposal received from Architechnology in the amount not to exceed \$4,550.00 to perform wall assessment and testing of the school.

Project Category: Surfaces

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?

Available Funding

Amount of Local funds	s planned for this project	\$0.00
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Description	on of local funds	indicated above		
Please ou	ıtline any associa	ated insurance coverage.		
Liaison:	Kennon	dkennon@azsfb.gov	602-364-0538	
I attest th	at the district ha	s performed preventive maintenance in accor	rdance with ASRS § 15-2032	
	Superintendent, a	attest that the information is accurate and has of the district. $$	s been completed and submitted by	
	Superin	tendent Printed Name		
	Superin	tendent Signature	 Date	