SFB BR 900-08

Project Application Form

Building Renewal Grant Application

Initial Submission Date:

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 planned for this project

\$0.00

Building Renewal Grant Application

Descripti	on of local fund	ds indicated above		
Please ou	utline any asso	ciated insurance coverage.		
Liaison:	Kennon	dkennon@azsfb.gov	602-364-0538	
I attest that the district has performed preventive maintenance in accordance with ASRS § 15-2032				
I, the Superintendent, attest that the information is accurate and has been completed and submitted by authorized employees of the district. $$				
		intendent Printed Name		
	Super	s of the district.	and has been completed and submitted by	