### **SFB BR 900-08**

# **Project Application Form**

## **Building Renewal Grant Application**

Initial Submission Date: 12/11/2013 12:31:32 PM Application ID: 809

**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:** Laveen Elementary District

**Superintendent:** Dr. Bill Johnson

**Contact Person:** Eric Peterson

**Contact Phone Number:** 602 237 9100 x3040

**Contact Email:** epeterson@laveeneld.org

**School Site:** Trailside Point

**Buildings:** 1001 Bldq A

Application Title: Condensing Unit TSP #1 for Kitchen's Walk-In Freezer

#### **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 condensing unit for the Trailside Point School kitchen's walk-in freezer needs to be replaced. The coil is leaking and is beyond repair due to the type and locations of the leaks (picture is attached). The unit has been worked on and repaired a number of times and is at the end of its useful life. Replacement of the condensing unit will extend the useful life of the entire walk-in freezer. We received 3 quotes from qualified firms and Mid-State Mechanical was the responsive, low bid in the amount of \$7,480.00.

**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

Please outline any associated insurance coverage.

In accordance with our insurance policy A.3, Section 15.2 Perils Excluded, loss by or resulting from wear and tear to covered property is not covered. Therefore, the district must cover this expense themselves.

**Liaison:** Cruse pcruse@azsfb.gov 602-364-1193

Superintendent Printed Name

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Superintendent Signature	Date