

ILLINOIS STATE BOARD OF EDUCATION

School Business Services
100 North First Street, N-330
Springfield, Illinois 62777-0001

DISTRICT FACILITIES PLAN

DISTRICT NAME AND NUMBER

COUNTY

SECTION I – EDUCATIONAL PLAN

Provide a brief narrative description of the present educational program of the district and anticipated changes in the educational program over the next five years. Include current number of schools operated by district; configuration of the district's schools by grade level; and basis of school assignment (i.e., what policy determines the school to which students are assigned?). Also indicate how the project(s) proposed to be funded in part with School Construction Grant funds will address the district's identified need. *(Attach additional page, if needed.)*

SECTION II – MAINTENANCE CONSIDERATIONS

1. Record the maximum authorized Operations and Maintenance tax rate of the district
2. Record the rate at which Operations and Maintenance taxes were last extended
3. Record the amounts the district spent for Operations and Maintenance of Plant Services last fiscal year from each of the funds listed below:

A) Operations and Maintenance Fund \$ _____	B) Fire Prevention and Safety Fund \$ _____	C) Educational Fund \$ _____
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4. Briefly explain how the district intends to finance the maintenance of new, renovated and existing facilities, including a statement assuring that new, renovated, and existing facilities are being or will be properly maintained.

SECTION III – DISTRICT FINANCIAL POSITION

Indicate how the district will finance its local share of the project, including the availability of current revenue, fund balances, and the amount of bonding power remaining. This requirement may be met by:

1. Entering the amount of Unused Bonding Power remaining: \$ _____. The amount of unused bonding power should be determined in accordance with the provisions contained in Article 19 of the Illinois School Code.
2. Attaching or incorporating by reference a copy of the District Basic Financial Statements - Statement of Revenues Received/Revenues. Expenditures Disbursed/Expenditures. Other Financing Sources (Uses) and Changes in Fund Balance for the fiscal year ended June 30 of the immediately preceding year.
3. Attaching a copy of Part III Budget Summary and Part IV Summary of Cash Transactions from the current school district budget form.

DISTRICT FACILITIES PLAN (Continued)

DISTRICT NAME AND NUMBER

COUNTY

SECTION IV – FACILITY INFORMATION (Please see reverse side of page for instructions to complete Section IV.)

FACILITY I.D.	Facility Type Ownership Class		Additions (A) Buildings (B) or Sites (S)	Functional Age	Available Capacity	Asbestos Status	Environmental Hazard Status	Accessibility Status	HLS Status	Total \$ Amount of Approved HLS Work Outstanding	Grade Level Range of Students Housed	Proposed Action(s) Project I.D. Number	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)

INSTRUCTIONS FOR COMPLETING SECTION IV OF THE DISTRICT FACILITY PLAN

1. Enter the **Facility I.D.** name or number for all new, existing and proposed facilities in the district. Facilities are buildings, additions and sites.
2. Enter the code that best describes the **Facility Type**.
 - a. Student-occupied building
 - b. Nonstudent-occupied building
 - c. Temporary student occupied (occupancy is for a period of less than ten years)
 - d. Temporary non-student occupied building (occupancy is for a period of less than ten years)
 - e. Building under construction for student occupancy
 - f. Building under construction for non-student occupancy
 - g. Building proposed to be built in the future for student occupancy
 - h. Building proposed to be built in the future for non-student occupancy
 - i. Building damaged or destroyed by disaster
 - j. Site with one or more buildings
 - k. Undeveloped site
 - l. Site proposed to be acquired
 - m. Other - specify: _____
3. Enter the code that best describes the **Ownership Class**.
 - a. Owned by the district exclusively
 - b. Jointly owned with some other district(s) or agency(ies).
 - c. A short-term lease (a lease with a term of 10 years or less)
 - d. A long-term lease (a lease with a term of more than 10 years)
 - e. Donated (district allowed to use the facility but holds no ownership rights or rights as a lessee.
 - f. Other - specify: _____
4. Enter "B" for building, "A" for addition, or "S" for site.
5. Enter the **Functional Age** of each facility as derived from the Facility Evaluation Worksheet (ISBE Form No. 35-81).
6. Enter the **Available Capacity** of each district-owned permanent facility as derived from the Available Capacity Worksheet (ISBE Form No. 35-80).
7. Enter the code that best describes the **Asbestos Status** in each facility.
 - a. Asbestos-free.
 - b. Contains asbestos which will not be disturbed and will be maintained accordance with AHERA.
 - c. Contains asbestos which will need to be abated in order to complete the project proposed under this application.
 - d. Other - specify: _____
8. Enter the code that best describes the **Environmental Hazard Status** (lead-based paint, radon, underground storage tank, etc) in each facility.
 - a. Environmental hazard-free.
 - b. Environmental hazards exists but will not be affected by the proposed project. They will be maintained in accordance with applicable codes.
 - c. Environmental hazards exists and will be affected by the proposed project under this application. They will be abated in accordance with applicable codes.
 - d. Other - specify: _____
9. Enter the code that best describes the **Accessibility Status** in each facility.
 - a. Requires no accessibility upgrading as a result of proposed project (Alteration costs 15% or less).
 - b. Requires minor accessibility upgrading as a result of proposed project (Alteration costs 15%-50%)
 - c. Requires major accessibility upgrading as a result of proposed project (Alteration costs 50% or more)
 - d. Other - specify: _____
10. Enter the code that best describes the **H/LS Status** in each facility.
 - a. Has been certified by a licensed architect/engineer to be in compliance.
 - b. A request for authorization to use FP/S funds has been approved and work has begun)
 - c. A request for authorization to use FP/S funds is pending approval.
 - d. Other - specify: _____
11. Enter the **Total dollar amount of outstanding H/LS work** that has been approved by the State Superintendent.
12. List **Grade Range Level of Students Housed**. (Pre K–12)
13. Enter the code that best describes the **proposed action(s)** in each facility.
 - a. Repair / Rehabilitate.
 - b. Construct a building addition
 - c. Construct a replacement building
 - d. Construct an entirely new building
 - e. Acquire a new site
 - f. Demolish
 - g. Change in use
 - h. Sell
 - i. Exchange
 - j. Maintain status quo
 - k. Other - specify: _____
14. Assign and enter a **Project I.D. Number** for projects of which School Construction Grant funds are being sought, as indicated in the Educational Plan (Section I of the District Facilities Plan).