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THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

Office of Facilities Planning, 89 Washington Avenue, Room 1060 Education Building Annex, Albany, NY 12234 Tel. (518) 474-3906 Tel. (518) 474-3906 www.p12.nysed.gov/facplan/

APPLICATION FOR APPORTIONMENT OF BUILDING AID

Education Law, Section 3602(14)(a)

INSTRUCTIONS

Submit a copy of the FP-F form (Application for Examination and Approval of Final Plans and Specifications) -or- Certificate of Approval -or- SA-4 (Notification of Building Projects).

1. DISTRICT INFORMATION

School District Name:								
Superintendent:	Telephone:							
Email:								
Supervisory District:								
2. PROJECT INFORMATION								
a. Project Number:								
b. Building Name:								
c. Total Project Cost:								
d. This project consists	of: (Check all that apply)							
new building	addition alteration							
	e. Description of project for which application is submitted: (Use additional sheets if necessary. Label each additional sheet 2e.)							
3. <u>PROJECT JUSTIFICAT</u>	<u>TON</u> [Section 3602, paragraph14(a)(2)]							
a. If this application is based on "inadequacy or obsolescence of present facilities", explain. (Use additional sheets if necessary. Label each additional sheet 3a.)								

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b	Explain a) how this project would be capable of substantial educational use by the reorganized district in case the reorganization under the existing plan of reorganization is effected, AND b) how this project will provide more efficient and more economical facilities in the reorganized school district. (Use additional sheets if necessary. Label each additional sheet 3b.)								
4. <u>R</u>	≀EORG/	ANIZATION II	NFORMATION .						
a	ı. List dis	strict(s) includ	ed in proposed combi	nation for re	organizatior	า:			
b	listed a	above or any o	/ formal study or planr other districts Yes	_	to reorganiz No	zation with the	district(s)		
	EXPLA	<u>AIN</u>							
	Signat	ure, Presiden	t Board of Education		_	Date			
	Signat	ure, Superinte	endent of Schools			Date			
FO	R REOR	<u> </u>	N GROUP #1 ONLY:	(click her	e for list)				
	If your district is categorized Group #1 for reorganization, your BOCES Distrist Superintendent must sign below to certify the following:								
 i) I am aware the District is categorized Group #1 for reorganization; AND ii) I am aware of the scope of work for the above-referenced project(s); AN iii) In the event of a merger between the District and a neighboring District, anticipated the building(s) impacted by the project(s) will remain in use. 									
		Signature, B	OCES District Supering	ntendent		Date			
FOR SED USE ONLY:									
R	Reorg Cla	ass							
		Approval:							
	Signature			;		Date			