

SCHOOL DISTRICT	APPLICATION NUMBER*
SCHOOL NAME	COUNTY
DISTRICT CONTACT	PHONE EMAIL

* Enter the Application Number that has been assigned to this project by the OPSC. Leave blank if this is the first request related to this project.

If you believe your school district has a facility-related health and safety threat please call the Office of Public School Construction (OPSC) Facility Hardship Team to discuss your concerns and options.

GENERAL INSTRUCTIONS

The following checklist is designed to guide the district through the facility hardship process and provide direction on what is typically required in a complete facility hardship submittal. School districts are encouraged to use this checklist to request approval by the State Allocation Board (SAB) for a facility hardship application. This checklist provides for both conceptual approval requests and funding requests of facility hardship projects, which includes seismic mitigation. School districts may request facility hardship funding without a conceptual approval; however, a conceptual approval provides the benefit of assurance, prior to a funding request, that the hazardous conditions and proposed scope of mitigation work will be eligible for facility hardship funding.

Include all supporting documentation with your submittal to the OPSC. Requests for SAB consideration are a top priority and are processed to the Board upon receipt by the OPSC of all required documentation and upon completion of a thorough analysis by the OPSC. More information about the Facility Hardship Program can be found at <http://www.dgs.ca.gov/opsc/Programs/facilityhardshipprogram.aspx>

Type of Application

Check the applicable box to indicate whether the district is seeking a conceptual approval of its facility hardship project or is presenting a complete facility hardship request for funding. Also indicate "Replacement" if costs to mitigate the health and safety threat are greater than 50 percent of the "Current Replacement Cost," or "Rehabilitation" if less than 50 percent of the "Current Replacement Cost," as defined in School Facility Program (SFP) Regulation Section 1859.82.2.

- Conceptual Approval - Complete both Section I and Section II
- Replacement Rehabilitation
- Funding Request - Complete only Section I and attach a completed *Application for Funding* (Form SAB 50-04)
- Replacement Rehabilitation

Type(s) of Hazard:

- Mold Structural Deficiency Asbestos Toxic Soil
- Seismic Mitigation* Fire Damage Proximity to Hazard Other: _____

*Seismic mitigation of Most Vulnerable Category 2 Buildings as prescribed in SFP Regulations

Description

Include a chronological narrative of circumstances and any other information relevant to the district's request:

SECTION I

This section must be completed for both conceptual approval requests and funding requests.

SUPPORTING DOCUMENTATION

Although unique circumstances may affect what documentation is sufficient to support a facility hardship request, typically required documentation is listed below for your reference. Please check every applicable box below to indicate documentation that the district has included with its submittal. For each box not checked, please add a brief explanation as to why the documentation does not apply. Other substantiating documentation may be attached as necessary to support the district's request.

 Industry Specialist's Report

Report must identify and substantiate the health and safety threat and detail the minimum work necessary to mitigate the problem.

Indicate the type of industry specialist that prepared the report:

Structural Engineer Environmental Specialist Electrical Engineer
 Geotechnical Engineer Engineering Geologist Other (specify): _____

If not applicable, please explain: _____

 Governmental Concurrence

A State-level agency or other appropriate governmental agency must provide written concurrence to the industry specialist's report, specifically noting the presence of a threat to the health and safety of students and the minimum work necessary to mitigate the threat. If the district's chosen corrective plan is different from the minimum work necessary to mitigate the health and safety threat, the governmental concurrence must also verify that the district's plan will mitigate the health and safety threat.

Indicate the type of Government entity that provided concurrence with the specialist's report:

Division of the State Architect (DSA) Department of Toxic Substances Control Department of Health Services
 California Highway Patrol Department of Conservation, California Geological Survey Department of Education
 Other (specify): _____

If not applicable, please explain: _____

 Mitigation Measures

Include a narrative describing the district's chosen corrective plan as well as the alternatives considered.

If not applicable, please explain: _____

 Detailed Cost Estimate

The cost estimate must not include lump sums, and it must address only the minimum work necessary to mitigate the problem. A cost/benefit analysis must also be included to compare cost of mitigation work to the Current Replacement Cost as defined in SFP Regulation Section 1859.82.2.

If not applicable, please explain: _____

 Site Diagram

Indicate affected areas of the site. For buildings, include their ages and square footages. For "Toilet" or "Other" building areas that are affected, indicate those areas and their square footages separately. Covered corridors should be excluded from square footage.

If not applicable, please explain: _____

 Photos

Include photos showing hazardous conditions, affected facilities, and other relevant areas of concern.

If not applicable, please explain: _____

Seismic Mitigation

In addition to the above, if this is a request for Seismic Mitigation conceptual approval or funding, include the following: 1.) One letter from the DSA verifying that the building(s) qualifies as one of the "Most Vulnerable Category 2 Buildings"; 2.) A second letter from the DSA indicating the work in the plan is the minimum to mitigate the hazard.

ADDITIONAL INFORMATION

Check boxes and complete fields below as applicable.

Indicate the type of school affected:

- Elementary
 Middle
 High
 Other (specify): _____

Have affected facilities been vacated? Yes No

If Yes, describe how students are currently being housed: _____

Has the district been approved for Financial Hardship assistance? Yes No

If Yes, current approval must be verified prior to being approved for funding.

If No, does the district anticipate filing for Financial Hardship? Yes No**Is the district eligible for insurance compensation related to the hazardous conditions at the site?** Yes No

If Yes, indicate estimated amount the district may receive: \$ _____

Is the district pursuing litigation related to the hazardous conditions at the site? Yes No

If Yes, indicate the amount being sought: \$ _____

Indicate the type(s) of facilities affected and included in the project:

- Classrooms Core Facilities Playground/fields Other: _____

If Classrooms are included in the project, indicate the number and types of classrooms:

	Permanent	Portable	Total
Classrooms in this project:			
Classrooms on entire site:			

If Core Facilities are included in the project, list the building types and their square footages

This should correspond to the site diagram included with the district's request:

SECTION II

This section must be completed for conceptual requests only.

For funding requests, Section II does not need to be completed, but a Form SAB 50-04 must be submitted.

Estimated project cost (100%): \$ _____**Project will be located on:**

- New Site
 Existing Site
 Existing Site w/Additional Site Acquisition
 Existing School Site, Leased
 Leased Site with No Existing School Facilities

If the project requires a new site or land acquisition for an existing site, indicate the following:

Proposed Total New Acreage: _____

Useable Master Planned Acreage (per California Department of Education): _____

Recommended Site Size (per California Department of Education): _____

Site Acquisition Cost (if actual cost is unknown, indicate estimated cost): \$ _____

SIGNATURE OF DISTRICT REPRESENTATIVE

DATE