

FLORIDA DEPARTMENT OF EDUCATION
Office of Educational Facilities
LETTER OF TRANSMITTAL

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|---|---------------------|
| TO: Office of Educational Facilities (OEF) 325 West Gaines Street, Room 1054 Tallahassee, Florida 32399-0400 (850) 245-0494, Fax (850) 245-9236 or (850) 245-9304 | OEF USE ONLY |
| INSTRUCTIONS: Submit one copy of the form with project transmitted. Mark the appropriate term within the parentheses. COMPLETE EACH ITEM 1. - 18. Reproduce this form in sufficient quantity for your use. | |

_____ OEF Assigned Project Number

RE: _____ (School District Florida College)

_____ School Name Campus)

_____ (School College) Code Number

New Plant Remodeling Addition
 Renovation Others (Description) _____ Description of Project

(Attached Under separate cover) is one set of signed and sealed documents for construction that (exceeds is less than) \$300,000 in construction cost, for the above-referenced facility. The information required by Chapter 1013, F.S.; SBE Rule 6A-2.0010, FAC; and SREF for the review of this project is provided as follows:

| | |
|--|--|
| 1. Submittal includes: <input type="checkbox"/> Construction Documents SREF 4.3(8)(a), (b) & (c) <input type="checkbox"/> Addendum SREF 4.3(8)(c)11. <input type="checkbox"/> Facilities Space Chart (OEF 208A) <input type="checkbox"/> Project Implementation Form (OEF 110A) <input type="checkbox"/> Other(s) | 2. <input type="checkbox"/> Reuse of construction documents SREF 4.3(9). State first project name: _____ OEF original project approval date: _____ |
| 3. Scheduled bid date (when known): _____ | 4. Type of facility and brief description of project: _____ _____ _____ |
| 5. Grade Levels – Size/grouping planned student stations of this project. Grade _____ # of Student Level _____ Stations _____ <input type="checkbox"/> N/A | 6. (<input type="checkbox"/> Architect's <input type="checkbox"/> Engineer's <input type="checkbox"/> Construction Manager's) estimate of : Total Construction Project Costs: \$ _____ Gross Sq. Ft. _____ Cost per Sq. Ft. \$ _____ Cost per Student Station: \$ _____ |
| 7. Site for new plant approved by Board <input type="checkbox"/> Yes, date: _____ <input type="checkbox"/> No <input type="checkbox"/> N/A Site (<input type="checkbox"/> New <input type="checkbox"/> Existing) Contains _____ Acres | 8. Board has approved educational or ancillary facility specs. for this project: <input type="checkbox"/> Yes, date: _____ <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 9. Project is survey-recommended: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of survey: _____ | |
| 10. Architect/Engineer - Name: _____ Address: _____ Date of Contract: _____ Telephone: (____) _____ FAX: (____) _____ E-Mail: _____ Do you want the review letter sent electronically? ___ Yes ___ No | |
| 11. Life Cycle Cost (Form OEF LCCA-1, 2, & 3) and Energy Efficiency Analysis Data sheets submitted S. 1013.37(1)(e), F.S. Life Cycle Cost Analysis <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If "No," explain _____ Energy Efficiency Analysis <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If "No," explain _____ | |
| 12. This project includes a threshold building? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. This project includes an Enhanced Hurricane Protection Area (EHPA) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If "No," explain _____ |

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| 14. Source of Funds (Rule 6A-2.0010/SREF 2.1) | Amount of Funds | Survey Yes – No (See Key) | PPL Number (See Key) |
|--|-----------------|---------------------------|----------------------|
| <input type="checkbox"/> PECO/Sum of Digits - S. 1013.64(1), F.S. | | 1 | NR |
| <input type="checkbox"/> PECO/Special Facilities Construction Account – S. 1013.64(2), F.S. | | R | R |
| <input type="checkbox"/> PECO/Unit Allocation - S. 1013.64(3), F.S. | | R | NR |
| <input type="checkbox"/> Florida College System Institution - S. 1013.64(4), F.S. | | R | NR |
| <input type="checkbox"/> Cooperative Use Facilities - S. 1013.52, F.S. | | R | NR |
| <input type="checkbox"/> Specified Legislative Allocation (Line Item) | | NR | NR |
| <input type="checkbox"/> CO&DS Flow-Through Funds | | R6 | R6 |
| <input type="checkbox"/> SBE Bond (COBI) | | R | R6 |
| <input type="checkbox"/> Classrooms for Kids – S. 1013.735, F.S. | | R | NR |
| <input type="checkbox"/> Other State (Specify) | | | |
| <input type="checkbox"/> S. 1011.14, FS., Loan - Debt Service paid from: <input type="checkbox"/> CO&DS; <input type="checkbox"/> Local | | 2 | 3 |
| <input type="checkbox"/> S. 1011.15, F.S., Loan - Debt Service paid from: <input type="checkbox"/> 1.5-Mill <input type="checkbox"/> Other (Specify): | | 5 | 3 |
| <input type="checkbox"/> Local Bonds - Debt Service paid from: <input type="checkbox"/> CO&DS <input type="checkbox"/> Local | | 2 | 3 |
| <input type="checkbox"/> Local Millage (1.5 Mill) - S. 1011.71(2), F.S. | | 4 | NR |
| <input type="checkbox"/> Other local funds | | NR | NR |
| <input type="checkbox"/> S. 1013.15(4)(a), F.S., Lease and Lease Purchase (COPs) | | R | NR |
| <input type="checkbox"/> Other Local (Specify): | | | |
| <input type="checkbox"/> Federal (Specify): (Davis-Bacon Act Wage Rate & Federal Workers Compensation Shall Apply) | | | |
| TOTAL | | | |

- Key:**
- | | |
|--|--|
| <p style="text-align: center;">R - Required</p> <ol style="list-style-type: none"> 1. Remodeling, renovation, maintenance, repair, and site improvement projects only. 2. Required if principal is paid from CO&DS or from PECO funds. 3. Required if principal is paid from CO&DS funds. | <p style="text-align: center;">NR - Not Required</p> <ol style="list-style-type: none"> 4. Required for projects other than renovation, repair, or maintenance. 5. Depends on source of funds used to repay loan. 6. Requires approved PPL and survey recommendation. |
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15. S. 1013.44(1)(a), F.S., List passive design elements and low energy usage features included in the design.

16. Written agreements are on file with the following appropriate agencies:

| | |
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| <input type="checkbox"/> Fire/Police | <input type="checkbox"/> Utilities/Connection Fees |
| <input type="checkbox"/> Traffic Control Safety | <input type="checkbox"/> Local Comprehensive Plan Approval |
| <input type="checkbox"/> Primary Roads/Emergency Access | <input type="checkbox"/> Emergency Management |

17. (PL 89-665, Federal Funds) Historical Significance. Project involves building over 50 years old.
 Yes No If "Yes," year building was constructed:

18. Please provide an e-mail address if you desire an electronic copy of the review letter:

19. Please provide a contact name and FAX telephone number if the district desires draft copies of review mandatory and comments as reviews are being completed. (Caution: Mandatories and comments may be different in the final, signed review letter.)

Contact name: _____ FAX: () _____

20. Use this space for additional information:

Signature: _____ Date Signed: _____
 Superintendent, President, Designee