



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. PROJECT JUSTIFICATION [Section 3602, paragraph 14(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.)

- 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. REORGANIZATION INFORMATION

- a. List district(s) included in proposed combination for reorganization:

- b. Has there been any formal study or planning relative to reorganization with the district(s) listed above or any other districts Yes No

EXPLAIN

Signature, President Board of Education

Signature, Superintendent of Schools

Date

Date

FOR REORGANIZATION GROUP #1 ONLY: [\(click here for list\)](#)

If your district is categorized Group #1 for reorganization, your BOCES District 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); AND
- iii) In the event of a merger between the District and a neighboring District, it is anticipated the building(s) impacted by the project(s) will remain in use.

Signature, BOCES District Superintendent

Date

FOR SED USE ONLY:

Reorg Class

Approval: _____

Signature

Date