
FY 2019 ENP APPLICATION

GUIDELINES

The Exceptional Needs Program (ENP) provides facilities assistance to school districts whose buildings pose health and safety risks for their students due to building condition or overcrowding.

BUILDING: Complete Part A and Part B of the application for each school building in your district believed to have an exceptional facility need. If the building(s) you are describing has a permanent addition to the original structure, or has temporary modular classroom units, complete one Part B to encompass the original structure, all addition(s) and modular unit(s) as a whole. OFCC may modify a facility IRN number as determined appropriate for the sole purpose of facility application clarity.

DISTRICT: If the district consistently does not have sufficient space to serve its student population, then complete Part A and Part C of this application.

Please complete Part A, Part B and Part C if you have a building or buildings in poor condition and have district wide overcrowding issues.

Questions? Please contact Eugene Chipiga at 614-466-6290 or eugene.chipiga@ofcc.ohio.gov.

Please submit all completed applications no later than September 15, 2017 to:

Eugene Chipiga
Ohio Facilities Construction Commission
30 West Spring Street, 4th floor
Columbus, OH 43215

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PART A - GENERAL INFORMATION

Date: _____

School District Name: _____

School District Address: _____

Superintendent Name: _____

Superintendent Email: _____

Superintendent Phone: (____) _____ - _____

Superintendent Fax: (____) _____ - _____

IRN Number: _____

Equity Rank: _____

PART B - BUILDING CONDITION

1. Building Name: _____

2. IRN #: _____

3. Site Acreage: _____

4. Student Enrollment as of **2016/2017**
in **Building/Addition(s)**: _____

5. Modular Units: Quantity: _____ SF: _____ Age of Units: _____

6. Building Square Footage: _____

7. Number of Stories: _____

8. Basement: Yes No

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9. Water Closets: Quantity: _____
 Urinals: Quantity: _____
 Lavatories: Quantity: _____

10. Age of Facility:
(indicate the year of construction of the original building and each major addition / if the area has been fully or substantially upgraded or renovated to a later period, use that year)

Please include floor plans indicating the original building and addition areas along with the year constructed.

Original Building or Addition	Year Completed

11. Please check the appropriate response to each of the items listed. Check all that apply to the entire building:

Air Conditioning: Age of Unit(s): _____ years old

- Roof Top
 Window/Room Units
 Central
 None

Electrical Wiring:
 Panels
 Romex or Conduit
 Fuse Boxes
 Knobs Tube

Energy Sources:
 Fuel Oil
 Natural Gas
 LP
 Electric
 Coal

Heating: Age of Unit(s): _____ years old

- Central
 Individual Roof Unit
 Rooftop
 Forced Air

- Steam
 Electric Resistance
 Hot Water
 Heat Pump

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Roof: *Age of Roof:* _____ *years old* Flat Sloped

Material: Rubber Metal Shingle Built-up

Condition: Excellent Good Fair Poor

Sewage: On-Site Municipal

Source of Water Supply: Well Municipal Bottled

TYPE OF CONSTRUCTION	EXTERIOR SURFACING	FLOOR CONSTRUCTION
<input type="checkbox"/> Load Bearing Masonry, Wood Framing	<input type="checkbox"/> Brick	<input type="checkbox"/> Wood Joists
<input type="checkbox"/> Load Bearing Masonry, Concrete Slabs on Steel Framing	<input type="checkbox"/> Stucco	<input type="checkbox"/> Steel Joists
<input type="checkbox"/> Steel Frame	<input type="checkbox"/> Metal	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Concrete Frame	<input type="checkbox"/> Wood	<input type="checkbox"/> Structural Slab
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Other		

If other, please explain:

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CATEGORIES

Six (6) major categories are used to assist in determining whether a school facility has an Exceptional Need. These categories are: **1. Health, 2. Life Safety, 3. Structure, 4. Heating & Ventilation, 5. Electrical and 6. Overcrowding.**

Please circle "Yes" or "No" for each statement or question that most accurately reflects the conditions at your facility in each corresponding category.

Document, in the space provided after each category, all problems or needs believed to qualify as being "exceptional" and in need of assistance. Attach additional pages if the space provided is not adequate. Please attach photographs to support and clarify your responses. Clearly label all attachments (additional pages and back of each photograph) with the School District name with IRN number, the school building IRN number, and the appropriate application category 1 thru 5. Please identify the specific problem shown in each photograph.

Additionally, please provide a facility floor plan showing all exits. This may be combined with the floor plan from question 8 above as long as areas are clearly marked.

1. Health:

- a. Internal water supply is adequate to meet health & safety requirements. Yes No
- b. Internal water supply has sufficient pressure to wash hands, get a drink of water & flush toilets. Yes No
- c. Internal water supply has sufficient hot water. Yes No
- d. Toilet facilities are located within one floor of all classrooms and/or within 500 feet of all classrooms (including modular units). Yes No
- e. Water closets and/or lavatories are provided at a ratio of one fixture to fifty students. Yes No
- f. Water is entering the building and causing material damage & health hazards. Yes No
- g. Structure is free of friable asbestos containing building materials (*attach the most current asbestos report & highlight the exceptional issue(s)*). Yes No
- h. There are EPA or health department citations and/or violations that have not been addressed (*if yes, please attach copies of the citation/violation*). Yes No
- i. The hard plaster and/or gypsum board walls & ceilings have been adequately sampled to determine if they are asbestos-containing. Yes No
- j. There is polyurethane flooring (i.e., rubberized surfaces) in the athletic or recreational spaces. Yes No
- k. There are reports of health-related problems associated with indoor air quality (*if yes, please attach report*). Yes No
- l. The structure is pre-1978 construction with loose & peeling paint exposed on indoor surfaces. Yes No

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- m. Food service is available with the facility (*if no, please provide description of deficiency*). Yes No

Please document why your facility has an exceptional need for assistant in the **Health** category. If the condition described applies only to the main building, only to the building addition, or modular unit, please identify which structure is affected.

Additional Pages Attached: Yes No

Photographs Attached: Yes No

2. Life Safety:

- a. The fire alarm system has pull stations at each facility exit. Yes No
- b. Horns & strobes are located in classrooms, corridors, and toilet rooms. Yes No
- c. Lighted exit signs are provided at exterior doors and exits from spaces with occupancy of 50 or more individuals. Yes No
- d. Lighted exist signs are equipped with battery backup or on a generator. Yes No
- e. Emergency egress lights are provided in corridors at a maximum of 40' intervals and in spaces that can be occupied by 50 or more individuals. Yes No
- f. Emergency egress lights are equipped with battery backup or on a generator. Yes No
- g. There are fire safety code violations that have not been addressed (*if yes, please attach copies of the violations*). Yes No
- h. There are at least two independent exits from any point in the building that could be occupied by 50 or more individuals. Yes No
- i. There are interior & exterior doors that service more than 50 pupils opening outward and are equipped with panic hardware. Yes No
- j. There are dead-end corridors in excess of 20 feet. Yes No
- k. There are fire or security shutters that create dead-end corridors. Yes No

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- l. Corridors are at least 6' wide and lead to stairwells at least 4' wide. Yes No
- m. Classroom doors protrude into corridors more than 7 inches. Yes No
- n. Floors are connected via open stairwells. Yes No
- o. Exit corridors and stairwells are fire rated (*if yes, please indicate ratings*). Yes No
- p. There is an administrative area provided with reception area, private office, workroom, and clinic adjacent to main building entrance. Yes No
- q. All building entrances are secured during the school day. Yes No
- r. Cooking hoods with fire suppression systems are provided over all kitchen cooking equipment. Yes No
- s. There are deteriorated stoops, stairs, or walks that create hazards when entering or exiting the building. Yes No
- t. The facility's location is removed from undesirable business, industry, traffic, and natural hazards (*if no, please provide description*). Yes No
- u. There are aspects of the school facilities or operations that have contributed to serious accidents for students and/or staff (*if yes, please provide description*). Yes No

Please document why your facility has an exceptional need for assistance in the **Life Safety** category. If the condition described applies only to the main building, only to the building addition, or modular unit, please identify which structure is affected.

- Additional Pages Attached:** Yes No
- Photographs Attached:** Yes No

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3. Structure

- a. There are walls that lean and are in danger of falling. Yes No
- b. There is evidence of unsafe masonry (loose bricks, lintels, or cracks). Yes No
- c. There is evidence of crumbling or settlement of the building foundation. Yes No
- d. There are signs of rotting, sagging, or buckling floors. Yes No
- e. There are signs that the roof structure is sagging, rotted, or unsound. Yes No
- f. There is evidence of significant structural steel corrosion. Yes No
- g. There are cracks in concrete slabs, beams, columns, or walls. Yes No

Please document why your facility has an exceptional need for assistance in the **Structure** category. If the condition described applies only to the main building, only to the building addition, or modular unit, please identify which structure is affected.

Additional Pages Attached: Yes No

Photographs Attached: Yes No

4. Heating & Ventilating

- a. The heating system maintains the temperature within a reasonable comfort level for the majority of the building. Yes No
- b. The cooling system maintains the temperature within a reasonable comfort level for the majority of the building. Yes No
- c. Please indicate the percentage of the building which does not maintain reasonable comfort levels.

<u>System</u>	<u>% too hot or too cold</u>
Heating	_____ % hot / cold
Cooling	_____ % hot / cold

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- d. The facility area has a separate exhaust system for specific areas (*if yes, please circle the related area*). Yes No

Restroom(s)	Locker Room(s)
Kitchen Hood	Art Room(s)
Art Storage Room(s)	Science Lab(s)
Chemistry Fume Hood(s)	Science Pre Room(s)

Please list rooms in which exhaust systems are not operational or nonexistent.

- e. The outdoor air intake openings are blocked or permanently closed. Yes No
- f. There are interior building spaces that are not heated or cooled by a central forced air system. Yes No
- g. The boiler or furnace rooms have adequate combustion air intakes that meet current code requirements. Yes No
- h. There are unsafe boilers or furnaces cited for code violations that have not been addressed (*if yes, please attach copies of the violations*). Yes No

Please document why your facility has an exceptional need for assistance in the **Heating & Ventilating** category. If the condition described applies only to the main building, only to the building addition, or modular unit, please identify which structure is affected.

Additional Pages Attached: Yes No

Photographs Attached: Yes No

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5. Electrical

- a. The lighting system provides adequate intensity, diffusion & distribution of illumination. Yes No
- b. The electrical controls are safely protected and have disconnect switches that are easily accessible. Yes No
- c. Emergency lighting is provided throughout the building is on separate electrical circuits. Yes No
- d. Emergency egress lighting has either battery or generator backup. Yes No
- e. Automatic and manual emergency alarm systems are provided with distinctive sound and/or flashing lights. Yes No
- f. There is standing water located near electrical systems and/or panels. Yes No
- g. There is extensive use of electrical cords in classrooms. Yes No
- h. There are exposed wires or hazardous switches in the facility. Yes No
- i. There have been causes of fire due to faulty wiring. Yes No
- j. All outlets are grounded. Yes No
- k. There are ground fault protected outlets near sinks. Yes No
- l. There are emergency gas shut-off systems in classroom laboratories. Yes No
- m. There is an electrical utility transformer located in the facility. Yes No

Please document why your facility has an exceptional need for assistance in the **Electrical** category. If the condition described applies only to the main building, only to the building addition, or modular unit, please identify which structure is affected.

Additional Pages Attached: Yes No

Photographs Attached: Yes No

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6. District Overcrowding

Enrollment Growth & District Facility Capacity:

This part of the application focuses on determining whether the district has experienced overcrowding issues. In order to determine the extent to which the district has experienced overcrowding issues, please provide the information requested in the tables below. Please submit additional pages as necessary to include all district school facilities.

**District Enrollment
Official October Head Count**

	2012-2013 School Year	Open Enrollment IN	Open Enrollment OUT	2016-2017 School Year	Open Enrollment IN	Open Enrollment OUT
Pre-K						
Special Education						
K-12						
Total						

Building Name and IRN	Grade Configuration	2016-2017 Enrollment	Gross Square Footage	Site Size (acres)
Total(s)				

PROGRAM SPACES:

Please indicate whether the following spaces are **not provided** at all, are **extremely inadequate** or are housed in **modular units**. Use **NP** for not provided, **EI** for extremely inadequate and **MU** for modular units. Please include all school buildings in your district. Add rows if necessary. Please provide a description for each space indicated with an NP, EI or MU.

School	Science Labs	Self Contained SE	Media Ctr	Art Room	Instru or Vocal	Gym	Dining	Combination Gym/Dining	Restrooms
<i>(Example) 1st Elementary School</i>									

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Describe any additional spaces not listed that are inadequate to deliver your educational program.

MODULAR UNITS:

Please indicate the number of modular units located at each building and their age.

School	Quantity	Age

GENERAL QUESTIONS:

- a. Are all students accommodated within three dining periods in each building? *(if no, please indicate number of dining periods required for student population: _____)* Yes No
- b. Have building support spaces (offices, workrooms, closets) been converted for instructional use in each building? Yes No
- c. Has the district taken measures to accommodate the increased student population? Yes No

If yes, please indicate the measures that have been taken:

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d. Does the district have an average class size of 25 students? (If no, please Yes No indicate average class size: _____)

Provide additional documentation as needed to explain the current capacity of the District to house students appropriately, i.e., eliminated program spaces, moved to split sessions, reconfigured grade configuration, etc. Please attach photographs to support and clarify your responses. Clearly label all attachments (additional pages and back of each photograph) with the School District name and IRN number, the school building IRN number, and the appropriate application category. Please identify the specific problem shown in each photograph.

Additional Pages Attached: Yes No

Photographs Attached: Yes No

Please document why your district has an exceptional need for assistance in this part. If the condition described applies only to certain buildings, please identify which buildings are affected.

Additional Pages Attached: Yes No

Photographs Attached: Yes No