**Leased Space Program**

*FY 2025 Application*

**State of Maine**

*Department of Education*

*Office of School Facilities*

[](http://www.bing.com/images/search?q=maine+state+seal&qs=n&form=QBIR&pq=maine+state+seal&sc=7-16&sp=-1&sk=#view=detail&id=20023E7BE2DE3811A9C37AEE14177BFFEB959794&selectedIndex=68)

**Leased and Lease-Purchased Temporary and Interim Instructional Space**

***Applicant Information***

School Administrative Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Lease Category*** (check one):  NEW LEASE  NEW LEASE-PURCHASE

RENEWAL OF LEASE  RENEWAL OF LEASE-PURCHASE

***Space Type*** (check one):  TEMPORARY *(portable)*  INTERIM *(fixed space)*

***Local Project Authorization***

After careful study of our school facility needs, the board of directors/school committee has voted to proceed with the attached application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Superintendent’s Signature Date

**Instructions:**

For new temporary instructional space – complete Sections 1 and 2

For new interim instructional space – complete Sections 1 and 3

For renewals – complete Section 1 only

**For more information contact:** **Submit original signed hard copy to:**

Ann Pinnette Department of Education

207-215-3809 Office of School Facilities – Leased Space

23 State House Station

Augusta, ME 04333-0023

**Application due by 5 p.m. September 16, 2024**

***Section 1 – Temporary or Interim Instructional Space Lease Information***

* 1. Start Date of Initial Lease or Lease-purchase \_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. Renewal Date(s) \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_
  3. Expiration Date of Current Lease or Lease-Purchase \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  4. Lessor or lending institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  5. Lease Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  6. Name of School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  7. Grade Level(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  8. Space Use:  Classroom  Guidance  Small Group Instruction

Clinic  Library  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1.9** Space Need:  Overcrowding  New Program  Awaiting Construction

Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1.10** Number of Classrooms \_\_\_\_\_\_\_\_\_\_\_

**1.11** Number of Students Served by Lease \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1.12** Square Footage of Leased Space \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1.13** Annual Lease or Lease-Purchase cost $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Submit a copy of all new lease agreements.

SPACE IS ELIGIBLE FOR STATE SUPPORT FOR A MAXIMUM OF 5 YEARS

**For Department of Education use only**

*Approval of Lease Agreement*

The Commissioner of the Department of Education hereby approves state support for the leasing of school facilities as set forth below:

For the period of time: **July 1, 2024 to June 30, 2025**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of approved square feet Amount of lease cost approved

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date For Pender Makin, Commissioner

***Section 2 – Temporary Instructional Space (Portable Units)***

*Attach additional sheets as necessary.*

**2.1** Attach a copy of your Long Range Facility Plan and explain below how this lease supports that plan.

**2.2** Current SAU enrollment by grade:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| School Name | PreK | K | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Other | **Total** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Total* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

* 1. Name of School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Building Square Footage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.4** Portable Units (list each separately):

#1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Square Footage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Square Footage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Square Footage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#4\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Square Footage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Square Footage for all portable units \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Square footage per student in school building \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Square footage per student in school building plus portables \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.6** Does this project displace playground, athletic, or parking facilities? If yes, how will this situation be addressed?

**2.7** Will the leased facility have water and/or toilet facilities?

**2.8** Upon expiration of the State subsidized lease, how will this unit cope with the school housing situation?

**2.9** Please rate the school’s need for this lease:

Critical to the program

Needed but not critical to the program

Desirable for program enhancement

***Section 3 –Interim Instructional Space (Other Than Portable Space)***

*Attach additional sheets as necessary.*

**3.1** Attach a copy of your Long Range Facility Plan and explain below how this lease supports that plan.

**3.2** Current SAU enrollment by grade:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| School Name | PreK | K | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Other | **Total** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Total* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

* 1. Does this lease:  Replace a present school  Reduce enrollment in a present school

Name of School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Building Square Footage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3.4** Name of leased building \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Square footage of leased space in building \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrollment to be housed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3.5** Is the facility compliant with local and state fire safety and health codes?  Yes  No

**3.6** Will the site support play areas, fields, etc.?  Yes  No

**3.7** List of facility deficiencies (cafeteria, gymnasium, etc.):

**3.8** Upon expiration of the State subsidized lease, how will this unit cope with the school housing situation?

**3.9** Please rate the need for this lease:

Critical to the program

Needed but not critical to the program

Desirable for program enhancement