**Leased Space Program**

*FY 2025 Application*

**State of Maine**

*Department of Education*

*Office of School Facilities*



**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