



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:

Ann Pinnette
207-215-3809

Submit original signed hard copy to:

Department of Education
Office of School Facilities – Leased Space
23 State House Station
Augusta, ME 04333-0023

Application due by 5 p.m. September 15, 2025

Section 1 – Temporary or Interim Instructional Space Lease Information

- 1.1 Start Date of Initial Lease or Lease-purchase _____
- 1.2 Renewal Date(s) _____
- 1.3 Expiration Date of Current Lease or Lease-Purchase _____
- 1.4 Lessor or lending institution _____
- 1.5 Lease Number _____
- 1.6 Name of School _____
- 1.7 Grade Level(s) _____
- 1.8 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 \$ _____
- 1.14 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: **July 1, 2025 to June 30, 2026**

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																

2.3 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 _____

2.5 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
<i>Total</i>																

3.3 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