

**FLORIDA DEPARTMENT OF EDUCATION**  
**Office of Educational Facilities**  
**LETTER OF TRANSMITTAL**

<b>TO:</b> Office of Educational Facilities (OEF) 325 West Gaines Street, Room 1054 Tallahassee, Florida 32399-0400 (850) 245-0494, Fax (850) 245-9236 or (850) 245-9304	<b>OEF USE ONLY</b>
<b>INSTRUCTIONS:</b> Submit one copy of the form with project transmitted. Mark the appropriate term within the parentheses. COMPLETE EACH ITEM 1. - 18. Reproduce this form in sufficient quantity for your use.	

\_\_\_\_\_ OEF Assigned Project Number

**RE:** \_\_\_\_\_ ( School District  Florida College)

\_\_\_\_\_  School Name  Campus)

\_\_\_\_\_ ( School  College) Code Number

New Plant  Remodeling  Addition  
 Renovation  Others (Description) \_\_\_\_\_ Description of Project

( Attached  Under separate cover) is one set of signed and sealed documents for construction that ( exceeds  is less than) \$300,000 in construction cost, for the above-referenced facility. The information required by Chapter 1013, F.S.; SBE Rule 6A-2.0010, FAC; and SREF for the review of this project is provided as follows:

<b>1.</b> Submittal includes: <input type="checkbox"/> Construction Documents SREF 4.3(8)(a), (b) & (c) <input type="checkbox"/> Addendum SREF 4.3(8)(c)11. <input type="checkbox"/> Facilities Space Chart (OEF 208A) <input type="checkbox"/> Project Implementation Form (OEF 110A) <input type="checkbox"/> Other(s)	<b>2.</b> <input type="checkbox"/> Reuse of construction documents SREF 4.3(9). State first project name: _____ OEF original project approval date: _____
<b>3.</b> Scheduled bid date (when known): _____	<b>4.</b> Type of facility and brief description of project: _____ _____ _____
<b>5.</b> Grade Levels – Size/grouping planned student stations of this project.  Grade _____ # of Student Level _____ Stations _____ <input type="checkbox"/> N/A	<b>6.</b> ( <input type="checkbox"/> Architect's <input type="checkbox"/> Engineer's <input type="checkbox"/> Construction Manager's) estimate of : Total Construction Project Costs: \$ _____ Gross Sq. Ft. _____ Cost per Sq. Ft. \$ _____ Cost per Student Station: \$ _____
<b>7.</b> Site for new plant approved by Board <input type="checkbox"/> Yes, date: _____ <input type="checkbox"/> No <input type="checkbox"/> N/A Site ( <input type="checkbox"/> New <input type="checkbox"/> Existing) Contains _____ Acres	<b>8.</b> Board has approved educational or ancillary facility specs. for this project: <input type="checkbox"/> Yes, date: _____ <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>9.</b> Project is survey-recommended: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of survey: _____	
<b>10.</b> Architect/Engineer - Name: _____ Address: _____ Date of Contract: _____ Telephone: (____) _____ FAX: (____) _____ E-Mail: _____ Do you want the review letter sent electronically? ___ Yes ___ No	
<b>11.</b> Life Cycle Cost (Form OEF LCCA-1, 2, & 3) and Energy Efficiency Analysis Data sheets submitted S. 1013.37(1)(e), F.S. Life Cycle Cost Analysis <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If "No," explain _____ Energy Efficiency Analysis <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If "No," explain _____	
<b>12.</b> This project includes a threshold building? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>13.</b> This project includes an Enhanced Hurricane Protection Area (EHPA) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If "No," explain _____

## LETTER OF TRANSMITTAL

14. Source of Funds (Rule 6A-2.0010/SREF 2.1)	Amount of Funds	Survey Yes – No (See Key)	PPL Number (See Key)
<input type="checkbox"/> PECO/Sum of Digits - S. 1013.64(1), F.S.		1	NR
<input type="checkbox"/> PECO/Special Facilities Construction Account – S. 1013.64(2), F.S.		R	R
<input type="checkbox"/> PECO/Unit Allocation - S. 1013.64(3), F.S.		R	NR
<input type="checkbox"/> Florida College System Institution - S. 1013.64(4), F.S.		R	NR
<input type="checkbox"/> Cooperative Use Facilities - S. 1013.52, F.S.		R	NR
<input type="checkbox"/> Specified Legislative Allocation (Line Item)		NR	NR
<input type="checkbox"/> CO&DS Flow-Through Funds		R6	R6
<input type="checkbox"/> SBE Bond (COBI)		R	R6
<input type="checkbox"/> Classrooms for Kids – S. 1013.735, F.S.		R	NR
<input type="checkbox"/> Other State (Specify)			
<input type="checkbox"/> S. 1011.14, FS., Loan - Debt Service paid from: <input type="checkbox"/> CO&DS; <input type="checkbox"/> Local		2	3
<input type="checkbox"/> S. 1011.15, F.S., Loan - Debt Service paid from: <input type="checkbox"/> 1.5-Mill <input type="checkbox"/> Other (Specify):		5	3
<input type="checkbox"/> Local Bonds - Debt Service paid from: <input type="checkbox"/> CO&DS <input type="checkbox"/> Local		2	3
<input type="checkbox"/> Local Millage (1.5 Mill) - S. 1011.71(2), F.S.		4	NR
<input type="checkbox"/> Other local funds		NR	NR
<input type="checkbox"/> S. 1013.15(4)(a), F.S., Lease and Lease Purchase (COPs)		R	NR
<input type="checkbox"/> Other Local (Specify):			
<input type="checkbox"/> Federal (Specify): (Davis-Bacon Act Wage Rate & Federal Workers Compensation Shall Apply)			
<b>TOTAL</b>			

- Key:**
- |  |  |
|--|--|
| <p style="text-align: center;">R - Required</p> <ol style="list-style-type: none"> <li>1. Remodeling, renovation, maintenance, repair, and site improvement projects only.</li> <li>2. Required if principal is paid from CO&amp;DS or from PECO funds.</li> <li>3. Required if principal is paid from CO&amp;DS funds.</li> </ol> | <p style="text-align: center;">NR - Not Required</p> <ol style="list-style-type: none"> <li>4. Required for projects other than renovation, repair, or maintenance.</li> <li>5. Depends on source of funds used to repay loan.</li> <li>6. Requires approved PPL and survey recommendation.</li> </ol> |
|--|--|

**15.** S. 1013.44(1)(a), F.S., List passive design elements and low energy usage features included in the design.

**16.** Written agreements are on file with the following appropriate agencies:

<input type="checkbox"/> Fire/Police	<input type="checkbox"/> Utilities/Connection Fees
<input type="checkbox"/> Traffic Control Safety	<input type="checkbox"/> Local Comprehensive Plan Approval
<input type="checkbox"/> Primary Roads/Emergency Access	<input type="checkbox"/> Emergency Management

**17.** (PL 89-665, Federal Funds) Historical Significance. Project involves building over 50 years old.  
 Yes     No    If "Yes," year building was constructed:

**18.** Please provide an e-mail address if you desire an electronic copy of the review letter:

**19.** Please provide a contact name and FAX telephone number if the district desires draft copies of review mandatory and comments as reviews are being completed. (Caution: Mandatories and comments may be different in the final, signed review letter.)

Contact name: \_\_\_\_\_ FAX: (     ) \_\_\_\_\_

**20.** Use this space for additional information:

  
  
  
  
  
  
  
  
  
  

Signature: \_\_\_\_\_  
 Superintendent,  President,  Designee

Date Signed: \_\_\_\_\_