

FLORIDA DEPARTMENT OF EDUCATION
Office of Educational Facilities
LETTER OF TRANSMITTAL

TO: Office of Educational Facilities (OEF) 325 West Gaines Street, Room 1054 Tallahassee, Florida 32399-0400 (850) 245-0494, SUNCOM 205-0494 Fax (850) 245-9236 or (850) 245-9304	OEF USE ONLY
INSTRUCTIONS: 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 Community 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) \$200,000 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:

1. Submittal includes: <input type="checkbox"/> Construction Documents SREF 4.3(3)(a), (b) & (c) <input type="checkbox"/> Addendum SREF 4.3(3)(c)11. <input type="checkbox"/> Facilities Space Chart (OEF 208A) <input type="checkbox"/> Project Implementation Form (OEF 110A) <input type="checkbox"/> Other(s)	2. <input type="checkbox"/> Reuse of construction documents SREF 4.3(2). State first project name: _____ OEF original project approval date: _____						
3. Scheduled bid date when known: _____	4. Type of facility and brief description of project: _____ _____ _____						
5. Grade Levels – Size/grouping planned student stations of this project. <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Grade _____</td> <td style="border: none;"># of Student _____</td> <td style="border: none;"><input type="checkbox"/> N/A</td> </tr> <tr> <td style="border: none;">Level _____</td> <td style="border: none;">Stations _____</td> <td style="border: none;"></td> </tr> </table>	Grade _____	# of Student _____	<input type="checkbox"/> N/A	Level _____	Stations _____		6. (<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: \$ _____
Grade _____	# of Student _____	<input type="checkbox"/> N/A					
Level _____	Stations _____						
7. 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	8. 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						
9. Project is survey-recommended: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of survey: _____							
10. Architect/Engineer - Name: _____ Address: _____ Date of Contract: _____ Telephone: (____) _____ FAX: (____) _____ E-Mail: _____ Do you want the review letter sent electronically? ___ Yes ___ No							
11. S. 1013.37(1)(e), F.S., Life Cycle Cost (Form OEF LCCA-1, 2, & 3) and Energy Efficiency Analysis Data sheets submitted: 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 _____							
12. This project includes a threshold building? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. 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. (Rule 6A-2.0010/SREF 2.1) Source of Funds	Amount of Funds	Survey Yes - No	PPL Number
<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"/> Junior/Community College - 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"/> PECO; <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"/> 2.0-Mill <input type="checkbox"/> Other (Specify):		5	3
<input type="checkbox"/> Local Bonds - Debt Service paid from: <input type="checkbox"/> PECO; <input type="checkbox"/> CO&DS <input type="checkbox"/> Local		2	3
<input type="checkbox"/> Local Millage (2.0 Mill) - S. 1011.71, F.S.		4	NR
<input type="checkbox"/> L.C.I.F.		NR	NR
<input type="checkbox"/> S. 1013.15(4)(a), F.S., Lease and Lease Purchase (COP)		R	NR
<input type="checkbox"/> Other Local (Specify):			
<input type="checkbox"/> Federal (Specify): (Davis Bacon Act Wage Rate & Federal Workers Compensation Shall Apply)			
TOTAL			

R - Required	NR - Not Required
--------------	-------------------

1. Remodeling, renovation, maintenance, repair, and site improvement projects only.
4. Required for projects other than renovation, repair, or maintenance.
2. Required if principal is paid from CO&DS or from PECO funds
5. Depends on source of funds used to repay loan.
3. Required if principal is paid from CO&DS funds.
6. Requires approved PPL and survey recommendation.

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: (____) _____

19. Use this space for additional information:

Signature: _____
 (Superintendent, President, Designee)

Date Signed: _____