

**CAPITAL PROJECT APPLICATION FORM***(One Application Form per Project)*

District/College and District # Sauk Valley Community College District #506  
 Contact Person Dr. David Hellmich, President Phone # 815-835-6300  
 Project Title 2018 Asbestos Abatement Project  
 Project Budget \$392,555.00 ( ) check  here if the proposed project is to be financed with a combination of local, state, federal, foundation gifts, etc and disclose on funding attachment 2  
 Date September 8, 2017

**Application Type (check the appropriate application type and follow instructions):**

- Site acquisition-- see ICCB administrative rule 1501.604 d) or g) for additional material requirements and check here \_\_\_\_\_. (If this is a site acquisition and only land is being acquired ---no building--- then check here \_\_\_\_\_) --complete/submit Sections I and II with additional material requirements (if acquisition includes remodeling or new construction then you should also check the other appropriate application type and include description in the narrative portion of the application)
- Locally Funded New Construction--complete/submit Sections I and II.
- Locally Funded Remodeling--complete/submit Sections I and III.
- Locally Funded New Construction and Remodeling--complete/submit Sections I, II, and III.
- Protection, Health and Safety (PHS)--complete/submit Section I and Attachment PHS.
- Capital Renewal Project--complete/submit Section I and the three forms in the Architect Forms section of this manual. (Note: two of these should be completed by the architect.)

**Section I (submit for ALL project approval requests)**

- A. Board of trustees action--attach a copy of the local board's resolution and certified minutes
- B. A detailed description of the project's programmatic justification (*complete the narration section and attach*)
- C. A detailed description identifying the scope of work to be accomplished (*complete the narration section and attach*)
- D. Board of trustees approved budget (*use the appropriate format on Attachment #1--top half of form for any project except PHS and bottom half of form for PHS projects only*)
- E. Funding source (*use the appropriate format on Attachment #2*)

- F. Locally funded project budget and certification form (Attachment #3) OR Attachment PHS.

## **Section II**

- A. Is the requested project included in the District Site and Construction Master Plan? (See ICCB Rule 1501.602c for a definition of such a plan) Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please update your District's Site and Construction Master Plan and submit to the ICCB. Anticipated date of completion

- B. Submit the new square footage allocation (*use Square Footage Summary Attachment*)  
(*If land acquisition only then not necessary to complete this form*)

- C. Has the site been determined professionally to be suitable for construction purposes?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how was suitability determined (i.e., soil borings, inspection for hazardous materials, etc.)

## **Section III**

- A. Submit the new square footage or the remodeled square footage allocation (*use Square Footage Summary Attachment*)

## **Programmatic Justification**

Provide an explanation of the programmatic impact of the proposed project.

This proposed project will abate various forms of asbestos from the current Science Labs, Classrooms and Office spaces on the Third Floor of the College. Portions of the underside of the roof structure above this area is coated with an acoustic spray applied insulation that contains asbestos. In addition, pipe insulation, caulking, drywall, drywall tape and drywall joint compound in this area also contain asbestos. The stability of the existing acoustic spray applied insulation is suspect and a dusting covering the existing ductwork and light fixtures is also suspect. This project proposes to abate the existing spray applied ACM acoustical insulation, ACM pipe insulation, ACM caulk, ACM drywall, ACM drywall tape and ACM joint compound and the associated general construction affected by the abatement. After asbestos abatement, the components of the general construction of the abated areas including but not necessarily limited to flooring, walls, doors, ceilings, lighting, ductwork and other general building elements shall be reconstructed to a condition suitable to its assigned use.

## **Scope of Work**

Provide an explanation of the specific work to be performed as part of this project.

The proposed scope of work for this project shall include the abatement of existing spray applied ACM acoustical insulation, ACM pipe insulation, ACM caulk, ACM drywall, ACM drywall tape and ACM joint compound and the associated general construction affected by the abatement in the current Science Labs, Classrooms and Office spaces on the Third Floor of the College and the build back (after asbestos abatement) of flooring, walls, ceilings, lighting, ductwork and other affected building elements to a condition suitable to its assigned use.

## Attachment #1 Project Budget

**Check One: (LOCALLY FUNDED -other than Protection, Health, and Safety- see below)**

- New Construction
- Remodeling

**Project Name** \_\_\_\_\_

	New Construction	Remodeling
Budget Amounts	_____	_____
Land	_____	N/A
Site Development	_____	N/A
Construction (including Fixed Equipment)	_____	_____
Mechanical	_____	_____
Electrical	_____	_____
General Conditions	_____	_____
Contingency (10%)	_____	_____
A/E Professional Fees	_____	_____
<b>Total</b>	_____	_____

Approved by the \_\_\_\_\_ Board of Trustees

Date \_\_\_\_\_

Signed \_\_\_\_\_, Chairperson  
 \_\_\_\_\_, Secretary

**Protection, Health, and Safety Project Name** 2018 Asbestos Abatement Project

	Budget Amounts
Project Costs	\$310,355.00
Contingency	\$ 23,555.00
A/E Professional Fees	\$ 58,645.00
<b>Total</b>	<b>\$392,555.00</b>

## Attachment #2 Funding Source

**District/College Name** Sauk Valley Community College District #506

**Project Name** 2018 Asbestos Abatement Project

**Check the source(s) of funds:**

Available fund balance \_\_\_\_\_ Fund name(s): \_\_\_\_\_  
(Including excess funds from  
previously approved protection,  
health, and safety projects)

Bond Proceeds \_\_\_\_\_ Type of bond issuance(s): \_\_\_\_\_  
(including protection, health,  
and safety bonds)

Protection, Health, and \_\_\_\_\_ X Tax rate/fiscal year: .46 / 2017  
Safety Tax Levy \_\_\_\_\_  
(ILCS 805/3-20.3.01)

Contract for Deed \_\_\_\_\_ Term of Contract for Deed in months: \_\_\_\_\_  
(ILCS 805/3-36)

Lending Arrangement with a \_\_\_\_\_ Term of Lending Arrangements in months: \_\_\_\_\_  
Financial Institution \_\_\_\_\_  
(ILCS 805/3-37)

Lease Agreement \_\_\_\_\_ Term of Lease in months: \_\_\_\_\_  
(ILCS 805/3-38)

Capital Renewal Funding \_\_\_\_\_ Proposed Fiscal Year Source(s): \_\_\_\_\_



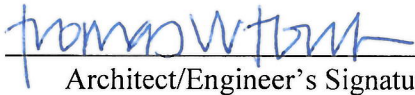
**PROTECTION, HEALTH, AND SAFETY PROJECT**

**Budget and Certification**

Name and address of architect/engineer providing the estimate:

Willett, Hofmann & Associates, Inc.  
809 East 2nd Street  
Dixon, Illinois 61021

I certify that the recommended construction project description and cost figures referred to herein were prepared by me or under my supervision, and to the best of my knowledge the description of the existing conditions and cost funds are true and accurate. I further certify that the project has been designed to meet the codes and standards required in Illinois Community College Board Rule 1501.608 and meets the qualifications for an eligible protection, health, and safety project as defined in Section 3-20.3.01 of the Public Community College Act.

  
\_\_\_\_\_  
Architect/Engineer's Signature

Date September 8, 2017

001-015136  
\_\_\_\_\_  
Illinois Registration or License Number



Proposed budget: Use Attachment #1 and provide additional budget information on a separate sheet of paper, if necessary, to further explain the project budget.



**CAPITAL PROJECT APPLICATION FORM**  
*(One Application Form per Project)*

District/College and District # Sauk Valley Community College District #506  
 Contact Person Dr. David Hellmich, President Phone # 815-835-6300  
 Project Title 2018 Water System Improvements Project  
 Project Budget \$ 457,455.00 ( ) check  here if the proposed project is to be financed with a combination of local, state, federal, foundation gifts, etc and disclose on funding attachment 2  
 Date September 8, 2017

**Application Type (check the appropriate application type and follow instructions):**

- Site acquisition-- see ICCB administrative rule 1501.604 d) or g) for additional material requirements and check here \_\_\_\_.(If this is a site acquisition and only land is being acquired ---no building--- then check here \_\_\_\_\_) --complete/submit Sections I and II with additional material requirements (if acquisition includes remodeling or new construction then you should also check the other appropriate application type and include description in the narrative portion of the application)
- Locally Funded New Construction--complete/submit Sections I and II.
- Locally Funded Remodeling--complete/submit Sections I and III.
- Locally Funded New Construction and Remodeling--complete/submit Sections I, II, and III.
- Protection, Health and Safety (PHS)--complete/submit Section I and Attachment PHS.
- Capital Renewal Project--complete/submit Section I and the three forms in the Architect Forms section of this manual. (Note: two of these should be completed by the architect.)

**Section I (submit for ALL project approval requests)**

- A. Board of trustees action--attach a copy of the local board's resolution and certified minutes
- B. A detailed description of the project's programmatic justification (*complete the narration section and attach*)
- C. A detailed description identifying the scope of work to be accomplished (*complete the narration section and attach*)
- D. Board of trustees approved budget (*use the appropriate format on Attachment #1--top half of form for any project except PHS and bottom half of form for PHS projects only*)
- E. Funding source (*use the appropriate format on Attachment #2*)

- F. Locally funded project budget and certification form (Attachment #3) OR Attachment PHS.

## **Section II**

- A. Is the requested project included in the District Site and Construction Master Plan? (See ICCB Rule 1501.602c for a definition of such a plan) Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please update your District's Site and Construction Master Plan and submit to the ICCB. Anticipated date of completion

- B. Submit the new square footage allocation (*use Square Footage Summary Attachment*) (*If land acquisition only then not necessary to complete this form*)

- C. Has the site been determined professionally to be suitable for construction purposes?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how was suitability determined (i.e., soil borings, inspection for hazardous materials, etc.)

## **Section III**

- A. Submit the new square footage or the remodeled square footage allocation (*use Square Footage Summary Attachment*)

### **Programmatic Justification**

Provide an explanation of the programmatic impact of the proposed project.

Currently the potable water system and the fire protection system use the same "ground-level" storage tank for water storage. A double check valve on the fire protection system is used to prevent backflow of water from the fire protection system into the ground level storage tank so the potable water system doesn't become contaminated from the fire protection system water. This project will separate the potable water storage from the fire protection water storage to ensure there will not be any cross contamination of the potable water system from the fire protection system. A new ground level storage tank for the potable water system will be sized to provide the proper amount of storage so the potable water will be turned over quicker in the tank which can improve the quality of the drinking water. The existing "ground-level" storage has a capacity of approximately 145,000 gallons. The potable water can sit in the current tank for 10 -15 days depending on the daily water use which can cause it to get stale and potentially contaminated since the water system does not chlorinate for disinfection. In addition, once the potable water storage tank is separated from the fire protection water storage tank, the double check backflow preventer can be removed from the fire protection piping system which will reduce headloss in the piping system (increasing performance) and will eliminate the annual inspection cost associated with the double check valve.

### **Scope of Work**

Provide an explanation of the specific work to be performed as part of this project.

This proposed project shall include the construction of a new 30,000 gallon ground level storage tank for the potable water system, well pump modifications, well and booster pump piping modifications and water system control upgrades. The work will be located adjacent to the existing "ground-level" storage tank that is currently used for both potable and fire protection water storage and in the basement of the well and booster pump room.

## Attachment #1 Project Budget

**Check One: (LOCALLY FUNDED -other than Protection, Health, and Safety- see below)**

- New Construction
- Remodeling

**Project Name** \_\_\_\_\_

	New Construction	Remodeling
Land	_____	N/A
Site Development	_____	N/A
Construction (including Fixed Equipment)	_____	_____
Mechanical	_____	_____
Electrical	_____	_____
General Conditions	_____	_____
Contingency (10%)	_____	_____
A/E Professional Fees	_____	_____
<b>Total</b>	_____	_____

Approved by the \_\_\_\_\_ Board of Trustees

Date \_\_\_\_\_

Signed \_\_\_\_\_, Chairperson

\_\_\_\_\_, Secretary

**Protection, Health, and Safety Project Name** 2018 Water System Improvements Project

	Budget Amounts
Project Costs	\$370,000.00
Contingency	\$ 27,445.00
A/E Professional Fees	\$ 60,000.00
<b>Total</b>	<b>\$457,455.00</b>

## Attachment #2 Funding Source

**District/College Name** Sauk Valley Community College District #506

**Project Name** 2018 Water System Improvements Project

**Check the source(s) of funds:**

Available fund balance \_\_\_\_\_ Fund name(s): \_\_\_\_\_  
(Including excess funds from  
previously approved protection,  
health, and safety projects)

Bond Proceeds \_\_\_\_\_ Type of bond issuance(s): \_\_\_\_\_  
(including protection, health,  
and safety bonds)

Protection, Health, and \_\_\_\_\_ X Tax rate/fiscal year: .54/2017  
Safety Tax Levy \_\_\_\_\_  
(ILCS 805/3-20.3.01)

Contract for Deed \_\_\_\_\_ Term of Contract for Deed in months: \_\_\_\_\_  
(ILCS 805/3-36)

Lending Arrangement with a \_\_\_\_\_ Term of Lending Arrangements in months: \_\_\_\_\_  
Financial Institution \_\_\_\_\_  
(ILCS 805/3-37)

Lease Agreement \_\_\_\_\_ Term of Lease in months: \_\_\_\_\_  
(ILCS 805/3-38)

Capital Renewal Funding \_\_\_\_\_ Proposed Fiscal Year Source(s): \_\_\_\_\_

**Protection, Health, and Safety Signature/Certification Page**

	<u>Check if Applicable</u>
Budget Certification (see attachment, always required)	_____ <u>x</u> _____
Structural Integrity Certification (see attachment, if applicable)	_____
Energy Conservation Certification (see attachment, if applicable)	_____
Feasibility Study Identifying Need of the Project (district generated document)	_____
Other District Documentation to Support the Justification of this Project	_____

We certify we have examined this application for the approval of a protection, health, and safety project, as defined in the project narration (programmatic and scope), the certifications listed above and any other documentation which may support this project as being eligible to be funded through a protection, health, and safety tax levy or from the proceeds of a protection, health, and safety bond issuance, as referenced in Attachment #2 (Funding Source).

Further, we certify the Board has approved the architect’s recommended budget, as referenced in Attachment #1 (Project Budget) and this project(s) meets the requirements of 110 ILCS 805/3-20.3.01 of the Act for proposed project(s) to make repairs or alterations which provide for the protection, health, and safety of students, faculty, and visitors.

Approved by the Sauk Valley Community College Board of Trustees

Date September, 25, 2017

Signed \_\_\_\_\_, Chairperson

\_\_\_\_\_, Secretary

**PROTECTION, HEALTH, AND SAFETY PROJECT**

**Budget and Certification**

Name and address of architect/engineer providing the estimate:

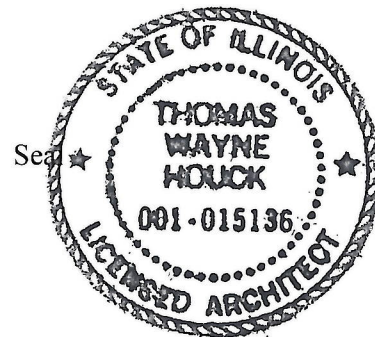
Willett, Hofmann & Associates, Inc.  
809 East 2nd Street  
Dixon, Illinois 61021

I certify that the recommended construction project description and cost figures referred to herein were prepared by me or under my supervision, and to the best of my knowledge the description of the existing conditions and cost funds are true and accurate. I further certify that the project has been designed to meet the codes and standards required in Illinois Community College Board Rule 1501.608 and meets the qualifications for an eligible protection, health, and safety project as defined in Section 3-20.3.01 of the Public Community College Act.

Thomas Wayne Houck  
Architect/Engineer's Signature

Date September 8, 2017

001-015136  
Illinois Registration or License Number



Proposed budget: Use Attachment #1 and provide additional budget information on a separate sheet of paper, if necessary, to further explain the project budget.