PROJECT EXECUTIVE SUMMARY
MAJOR IMPROVEMENT PLAN
SBA FORM 165

PROJECT____________________________________________________________
COUNTY ______________________  COUNTY PRIORITY __________

PROJECT COST__________ DATE _______ SBA FUNDING CYCLE______

PROJECT DESCRIPTION:

FUNDING SOURCE:
TO IMPLEMENT TOTAL MIP FUNDING FOR THIS PROJECT

SBA $__________ TYPE ________  SBA $__________ TYPE ________
LOCAL ________ TYPE ________  LOCAL ________ TYPE ________
OTHER ______________________  OTHER ______________________
TOTAL ______________________  TOTAL ______________________

Bonding Capacity $__________  Available Bonding Capacity $__________
Excess Levy Capacity $__________  Available Levy Capacity $__________

COUNTYWIDE BUDGET INFORMATION

• Are Excess Levy Funds Dedicated Annually to Maintenance? Yes___ No___
  Amount $________________________

• Are Excess Levy Funds Dedicated Annually to Building Improvements? Yes ___ No___
  Amount $________________________

• Percent of Total Building Improvement or Maintenance Budget supported by Levy
  _________%. (Based on data provided above)

• Percent of Total County Budget dedicated to Facility Maintenance _________%

• Maintenance Budget this Year $________________________

• Maintenance Expenditures Last Year Total $________________________
  $/Square Foot __________________

• Average Maintenance Budget for lowest three of the past five years $__________
Compliance With SBA Requirements
Proposed New Project

Briefly describe how this project affects the following:

- **HEALTH AND SAFETY**

  Is the facility located in the flood plain  Yes_____ No _____

  If the facility has previously been damaged by a flooding event, please indicate the year in which the event occurred and the dollar amount of damage sustained.
  __________________________________________________________
  __________________________________________________________

- **ECONOMIES OF SCALE**

  Number of students enrolled in the affected facilities  ____________________________
  ____________________________

  Economies of scale will ___ will not ___ be achieved or will not be altered ___ as a result of the completion of this project.

  ANNUAL SAVINGS $________  COST AVOIDANCES $_______________
  (Achieved on this project)   (Achieved on this project)

**IF IMPLEMENTED, WHAT IS THE AFFECT OF THIS PROJECT ON PERSONNEL?**

- **TEACHER** Present # _____  Projected # _____  Difference _____

- **SERVICE PERSONNEL** _____  _____  _____

- **ADMINISTRATORS** _____  _____  _____

- **MULTICOUNTY PROJECT**
• EDUCATIONAL INNOVATIONS AND IMPROVEMENTS

• ADEQUATE SPACE FOR PROJECTED STUDENT ENROLLMENT

• TRAVEL TIME

• EFFECTIVE AND EFFICIENT USE OF PROPOSED FUNDING

• PROVIDING OR IMPROVING A PREVENTIVE MAINTENANCE PLAN

• FURTHERANCE OF THE OVERALL GOALS OF THE SBA AND THE COUNTY/AGENCY MAJOR IMPROVEMENT PLAN