

LETTER OF INTENT FOR CONSTRUCTION

TO: Department of Elder Affairs
4040 Esplanade Way
Room 250G
Tallahassee, FL 32399

FROM: _____
Local Government or Nonstate Entity's Legal Name

ADDRESS: _____

FEDERAL EMPLOYER NUMBER: _____

PROJECT CONTACT NAME: _____
Telephone Number

APPROPRIATION LINE ITEM NUMBER: _____ DOLLAR AMOUNT\$ _____

PROJECT TITLE: _____

PROJECT LOCATION: _____
street city county

CONSTRUCTION: NEW _____ ADDITION _____ RENOVATION _____

LAND PURCHASE _____ BUILDING PURCHASE _____ OTHER _____

PROPOSED DATE OF OCCUPANCY: _____

Submitted: _____
Local Government or Nonstate Entity (Recipient) Date

Reviewed: _____
FCOP Committee Member Date

Reviewed: _____
General Services, OMC II, Facilities and Leasing Date

Approved: _____
Director, Division of Internal and External Affairs Date

LETTER OF INTENT FOR CONSTRUCTION

1. *DESCRIPTION OF THE PROGRAM(S) WHICH WILL BE AFFECTED BY THIS APPROPRIATION:*

2. *DESCRIPTION OF THE SCOPE (SIZE) OF THE PROPOSED PROJECT:*

LETTER OF INTENT FOR CONSTRUCTION**3. SCHEDULE OF PAYMENTS (PROJECTED DATES) FOR VARIOUS STAGES OF PROJECT:**

	Date	
a. Program submitted	_____	
b. Architect/engineer selected	_____	_____ Architect's name
c. Architect/engineer contract award (Include a copy of the A/E contract, a site plan, location map & any design documents. If available, electronic mail version is preferred.)	_____	
d. Notice to proceed with design	_____	
e. Final design approval	_____	
f. Advertisement for construction bid	_____	
g. Construction contract award (Include a copy of the construction contract)	_____	_____ Contractor's name
h. Permits	_____	
i. Notice to proceed with construction	_____	
j. Monthly construction payments	_____	
k. Final construction completion	_____	

4. ESTIMATED DOLLAR AMOUNT OF FUNDING SOURCES:

a. State	\$ _____
b. Local Match	\$ _____
c. City	\$ _____
d. County	\$ _____
e. Temporary loan	\$ _____
f. Federal	\$ _____
TOTAL	\$ <u> </u>

LETTER OF INTENT FOR CONSTRUCTION**5. ESTIMATED PROJECT BUDGET BY MAJOR CATEGORY OF EXPENDITURE:**

a. **Land Purchase** (Include 2 appraisals and the location map.) \$ _____

b. **Building Purchase** (Include 2 appraisals, a graphic representation such as plat map, site plan, photographs and/or boundary survey. If available, the electronic version is preferred. Send a disk or electronic mail version.) \$ _____

c. **Closing costs** (Doc stamps, intangible taxes, endorsements, title insurance, appraisal bank fees, survey, soil testing, miscellaneous land acquisition, contingency) \$ _____

d. **Professional Services** (architect/engineer/special consultant, schematic design phase, design development phase, construction document phase, bidding, construction administration) \$ _____

e. **Construction** (Total estimates includes: permits, bidding and award, construction contract, communications [security system, phone lines, etc.], contingency, fixture, furniture and equipment. \$ _____

f. **Replacement costs** (exterior building package [repairs, roof, windows, painting], interior [finishes & renovations], building utilities [plumbing, mechanical, electrical], construction reserves [5% hard costs] \$ _____

TOTAL \$ _____

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FACILITY PROGRAM TO BE COMPLETED ON PROJECTS THAT ARE \$500,00 AND UP

1. STATEMENT OF FACILITY PROGRAM NEEDS and/or JUSTIFICATION
2. PROFESSIONAL SERVICE REQUIREMENTS
3. SITE ANALYSIS REQUIREMENTS
 - a. SITE ZONING: CERTIFY ATTAINABILITY OF ALL PERMITS:
 - 1.
 - b. SITE RESEARCH TO INCLUDE:
 - 1.
 - c. EXISTING BUILDINGS ON SITE: to be removed or to remain? Justification for demolition or for renovation is required.
 - d. SITE OWNERSHIP (private or public): transferal of ownership must be executed rapidly to avoid construction delays.
 - e. APPROPRIATENESS OF THE SELECTED SITE:
 - f. CERTIFICATION OF POSITIVE DRAINAGE:
 - g. If funding is to be used for a renovation or addition, has an ASBESTOS SURVEY been conducted?
If asbestos is present, provide a budget for the estimated removal cost.

4. BUDGET ANALYSIS REQUIREMENTS: ALLOCATED FUNDING
Provide cost breakdown as shown:

a. Professional Services and Other Costs (if Required)

Architect/Engineer	\$ _____	_____
Special Consultant	\$ _____	Architect's Name
Construction Documents (including bidding/construction administration)	\$ _____	_____
Survey	\$ _____	Contractor's Name
Soil Analysis	\$ _____	
Furniture/Equipment	\$ _____	
Part A Subtotal	\$ _____	

b. Construction Costs

Construction \$ _____

Site Development \$ _____

Utilities \$ _____

Permits \$ _____

Communications \$ _____

Specialty Cost \$ _____

Contingency (10%) \$ _____

Part B Subtotal \$ _____

TOTAL COST (Part B plus Part A) \$ _____

FUNDING SOURCE:

State \$ _____

Local Match \$ _____

City \$ _____

County \$ _____

Temporary loan \$ _____

Federal \$ _____

Total \$ _____

SCHEDULE OF PAYMENTS (projected dates):

1. Program submitted _____
2. Architect/engineer selection _____
3. Architect/engineer contract award _____
4. Notice to proceed with design _____
5. Final design approval _____
6. Advertisement for construction bid _____
7. Construction contract award _____
8. Permits _____
9. Notice to proceed with construction _____
10. Monthly construction payments _____
11. Final construction completion _____