



Angélica Infante-Green
Commissioner

State of Rhode Island and Providence Plantations
DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
Shepard Building
255 Westminster Street
Providence, Rhode Island 02903-3400

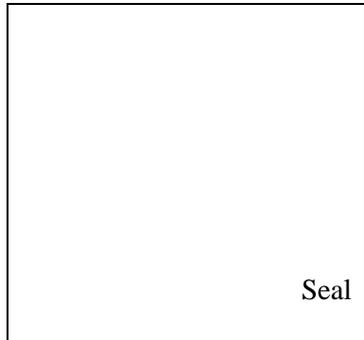
BONUS CERTIFICATION – SCHOOL SAFETY AND SECURITY

LEA _____ DATE _____
PROJECT _____

SCOPE OF PROJECT (by school):

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<u>TOTAL:</u>	<u>\$ _____</u>

In accordance with Rhode Island General Law 16-7-41.1 and 16-7-40, I _____
RI Registration Number _____ being a registered professional Architect/Engineer hereby certify
that the at least 75% of scope of work described above consists of school safety and security projects to ensure the health
and safety of building inhabitants.



Firm Name: _____

Address: _____

Phone: _____

Signature of Architect/Engineer

School Committee's Statement:

I certify that the above information is correct to the best of my knowledge and belief and that the project costs include
only safety and security issues.

Signature of the Chair of the School Committee



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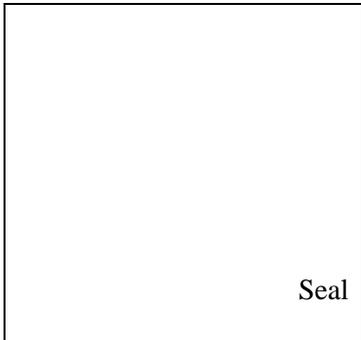
BONUS CERTIFICATION – HEALTH AND SAFETY DEFICIENCIES

LEA: _____ DATE: _____
 PROJECT: _____

SCOPE OF PROJECT (by school):

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<u>TOTAL:</u>	\$ _____

In accordance with Rhode Island General Law 16-7-41.1 and 16-7-40, I _____
 RI Registration Number _____ being a registered professional Architect/Engineer hereby certify
 that the scope of work described above consists of immediate health and safety issues per the Rhode Island State Building
 Codes and all applicable codes and regulations promulgated to ensure the health and safety of building inhabitants.



Firm Name: _____

Address: _____

Phone: _____

 Signature of Architect/Engineer

School Committee's Statement:

I certify that the above information is correct to the best of my knowledge and belief and that the project costs include only health and safety issues.

 Signature of the Chair of the School Committee



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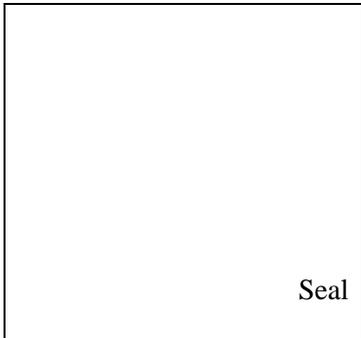
BONUS CERTIFICATION – EDUCATIONAL ENHANCEMENTS

LEA _____ DATE _____
 PROJECT _____

SCOPE OF PROJECT (by school):

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<u>TOTAL:</u>	<u>\$ _____</u>

In accordance with Rhode Island General Law 16-7-41.1 and 16-7-40, I _____
 RI Registration Number _____ being a registered professional Architect/Engineer hereby certify
 that the scope of work described above consists of projects for the purposes of educational enhancement. At least 25% of
 the project costs or a minimum of \$500,000 are specifically directed to educational enhancements.



Firm Name: _____

Address: _____

Phone: _____

 Signature of Architect/Engineer

School Committee's Statement:

I certify that the above information is correct to the best of my knowledge and belief and that 25% percent of the project costs or a minimum of \$500,000 are specifically directed for the purposes of educational enhancements.

 Signature of the Chair of the School Committee



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BONUS CERTIFICATION – REPLACEMENT OF FACILITY FCI 65% OR HIGHER

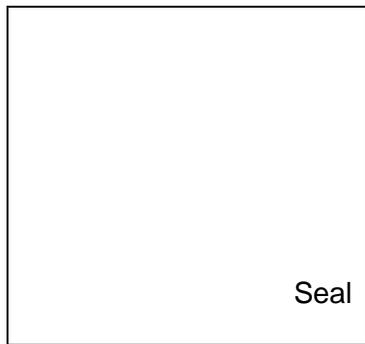
In order to qualify for this bonus, the LEA must submit a School Closure form and the facility must have a Facility Condition Index score (FCI) of 65 percent or higher, as documented on the 2017 Statewide Assessment.

Project _____

School Replaced _____

FCI Score _____

In accordance with Rhode Island General Law 16-7-41.1 and 16-7-40, I _____ RI Registration Number _____ being a registered professional Architect/Engineer hereby certify that the replacement of this school facility described above, has a Facility Condition Index of sixty-five (65%) or higher.



Firm Name: _____

Address: _____

Phone: _____

Signature of Architect/Engineer

School Committee's Statement:

I certify that the above information is correct to the best of my knowledge and belief and that the project costs replacing a facility with a facility index score of 65% or higher.

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BONUS CERTIFICATION – DECREASE OVERCROWDING

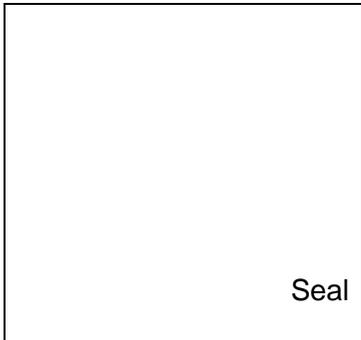
In order to qualify for this bonus, the LEA must submit document Functional Utilization from the 2017 Statewide Assessment and Design Utilization of the new facility.

Project _____

New Construction (Design) Functional Utilization _____

Functional Utilization _____

In accordance with Rhode Island General Law 16-7-41.1 and 16-7-40, I _____
 RI Registration Number _____ being a registered professional Architect/Engineer
 hereby certify that the project described above, has functional utilization between 105% and 85%.



Firm Name: _____

Address: _____

Phone: _____

 Signature of Architect/Engineer

School Committee's Statement:

I certify that the above information is correct to the best of my knowledge and belief and that the project costs include only functional utilization issues.

 Signature of the Chair of the School Committee



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BONUS CERTIFICATION – INCREASED UTILIZATION

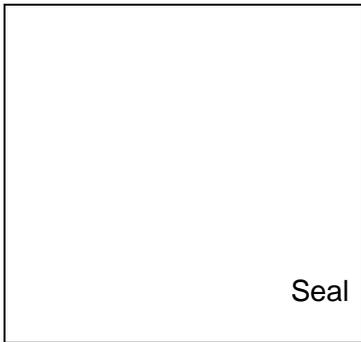
In order to qualify for this bonus, the LEA must submit document Functional Utilization from the 2017 Statewide Assessment and Design Utilization of the new facility.

Project _____

New Construction (Design) Functional Utilization _____

Functional Utilization _____

In accordance with Rhode Island General Law 16-7-41.1 and 16-7-40, I _____
RI Registration Number _____ being a registered professional Architect/Engineer
hereby certify that the project described above, has increased its functional utilization from below 60% to
above 80%.



Firm Name: _____

Address: _____

Phone: _____

Signature of Architect/Engineer

School Committee's Statement:

I certify that the above information is correct to the best of my knowledge and belief and that the project costs include only functional utilization issues.

Signature of the Chair of the School Committee



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BONUS CERTIFICATION – NEWER AND FEWER

LEA _____ Date _____

PROJECT _____

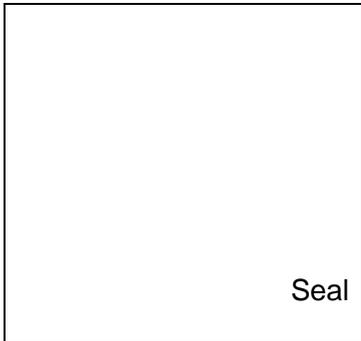
School Closed _____

Effective closing date _____ Grades displaced _____

Plan for displaced programs or services _____

Plan for student transitions _____ (attach plan) _____

In accordance with Rhode Island General Law 16-7-41.1 and 16-7-40, I _____
RI Registration Number _____ being a registered professional Architect/Engineer
hereby certify that the closure of this school facility described above, was for the purpose of consolidating of
two (2) or more school buildings, within or across districts into one school building.



Firm Name: _____

Address: _____

Phone: _____

Signature of Architect/Engineer

School Committee's Statement:

I certify that the above information is correct to the best of my knowledge and belief and that the project costs
include only consolidation issues.

Signature of the Chair of the School Committee