IDAHO STATE BOARD OF EDUCATION

Occupancy Cost Notification and Verification Data Sheet

This data sheet is used to provide the Occupancy Cost information required by Board Policy (V.B.10.b—“Notification of Eligible Space”) in initial notifications to the Legislative Services Office-Budget & Policy Analysis (LSO-BPA) and to the Division of Financial Management (DFM); as well as to provide the verification information required in Board Policy (V.B.10.e) to confirm actual occupancy cost information after the institution has taken occupancy of a facility.

**For initial notification of a request for occupancy costs, complete items 1-5, below, and any additional notification remarks. After taking occupancy of the facility, resubmit this data sheet (include the information previously provided in 1-5), completing items 6-10 to verify the final occupancy information.**

**Institution**:

**Facility/Building**:

**Point of contact at the institution** (in the event of questions on the notification package)**:**

* **Name and Title**:
* **Office**:
* **Phone**:
* **Email**:

**Required information for initial notification:**

1. **Description of the eligible space, its intended use, and how it relates to the mission of the institution** [note: “eligible space” for Occupancy Costs is defined in Board Policy V.B.10.a as “*all owner-occupied space other than auxiliary enterprise space. Space owned by an institution but leased to another entity is not eligible space. Occupancy costs for ‘common use’ space (i.e., space which shares eligible and auxiliary enterprise space) will be prorated based on its use. When funds are used to expand, remodel, or convert existing space, the eligible space shall be limited to the new, incremental square footage of the expanded, remodeled or converted space, only.*]**:** 
   1. **Number of new eligible gross square feet**: **\_\_\_\_\_** gsf.
   2. **Description**:
2. **Estimated cost of the building or facility, and source(s) of funds:**
   1. **Estimated Cost**:Value of construction for this space is \_\_\_\_\_\_\_.
   2. **Source(s) of Funds**:
3. **Estimated Occupancy Costs**:
4. **Estimated Date of Completion** [Month and Year]**:**
5. **Projected date of Occupancy (Month and Fiscal Year):** [Budget request calculation for the first fiscal year of occupancy is prorated based on number of months the facility will be occupied for that fiscal year]:

**Additional notes/remarks/information** [If applicable, briefly summarize any other special factors related to this notification. If any additional documents or exhibits accompany this notification, list them below]:

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**Post-Construction Verification**

**The following information is to be provided upon taking occupancy of the facility. Leave the sections below blank for initial notification to DFM and LSO.**

1. **Gross square footage of completed eligible space:**
2. **Actual construction cost:**
3. **Current replacement value** [May be equal to #7, but may include additional costs of fixed facility features that were not included in Construction budget. Do not include costs of land, furniture, or non-permanent fixtures and equipment]**:**
4. **Square footage of any current or proposed lease space or other non-eligible space:**
5. **Difference (if any) between the final-computed occupancy costs for the facility and the actual budget appropriation in place for the facility** [For example, if occupancy costs for a facility are appropriated at the beginning of the fiscal year, but the gross square footage, construction cost, or actual month of occupancy are different than the basis of the budget amount, describe below so that a budget adjustment can be made, if applicable.]**:**

**Additional notes/remarks/information** [If applicable, briefly summarize any other special factors related to this verification report. If any additional documents or exhibits accompany this verification report, list them below]**:**