Commonwealth of Kentucky
Court of Justice *www.kycourts.gov*

AOC Policies for the Operation & Maintenance of Court Facilities

COURT FACILITIES WORK ORDER REQUEST

COURT FACILITIES USE ONLY

PROJECT NAME: _____

ASSIGNED FC: _____

NR REQUEST #: _____

OCCUPANCY %: _____

Attach required quotes to this form and submit to the AOC Department of Court Facilities at FacilitiesRequest@kycourts.net.

SECTION 1: BACKGROUND

Facility Name: _____

Facility Street Address: _____ City: _____

Describe the reason for the request:

☐ KCOJ Request ☐ Equipment Failure ☐ End of Building Component Lifecycle ☐ Natural Disaster/ Weather

☐ Other: ☐ Space Request Fit-Up [Occupant:]

Describe the requested repair, renovation or other request ("Project"):

Project location in building: _____ Anticipated Start: _____ Completion: _____

SECTION 2: LOCAL CONTACT INFORMATION

Name: _____ Title: _____

Email: _____ Phone: (_____) _____ - _____

SECTION 3: TYPE OF REQUEST

1. *Emergency Request*: An emergency is an issue that occurs at a court facility that prevents the normal function of Court of Justice business. (*AOC Policies for the Operation and Maintenance of Court Facilities, §4.C.*)

   Is this an emergency request? ☐ Yes ☐ No If yes, describe the nature of the emergency:

2. If this request is for a ***new*** janitorial, preventative maintenance, or general maintenance contract, check the applicable box below and attach quotes as instructed in Section 5.

   ☐ Janitorial Services Contract ☐ Preventative Maintenance Contract ☐ General Maintenance Contract

SECTION 4: WORK COMPLETED BY CURRENT PREVENTATIVE MAINTENANCE CONTRACTOR

Is an existing preventative maintenance contract associated with the project? ☐ Yes ☐ No

If yes, Service Provider/ Vendor Name: _____

Email: _____ Phone: (_____) _____ - _____

- Attach a copy of the signed contract.
- If the quote is under $20,000, only one quote is required.

SECTION 5: QUOTES

List three (3) quotes in order of preference in the table below (1 is most preferred, 3 is least preferred). Attach the quotes. Quotes must contain the following:

- Name and address of the court facility.
- Name and contact information of service provider or vendor.
- Detailed description of the proposed scope of work.
- Expenses related to parts and labor itemized.
- Parts information includes identifying information, such as manufacturer and model or part number.
- If applicable, expenses related to travel, listed separately.

	Service Provider / Vendor Name	Total Quote Amount	AOC Approval
1		$	
2		$	
3		$	

If the preferred service provider is not the lowest quote, provide an explanation:

SECTION 6: SPECIAL FUNDING

1. Are Court Facilities Fees available to be used for the project? ☐ Yes ☐ No
2. Do you expect to receive special funding for the project (Grants, FEMA, COVID-19 related funding or other federal funds)? ☐ Yes ☐ No If yes, please specify the funding being used: _____
3. Is this project a result of an insurable event? ☐ Yes ☐ No If yes, file an insurance claim before submitting this form and attach a copy of the filed claim.

TO BE COMPLETED BY AOC DIVISION OF REAL PROPERTY MANAGER:

1. Site Visit	Required: ☐ Yes ☐ No	If yes, AutoCAD coordinator required to attend site visit? ☐ Yes ☐ No	
2. Project Type	☐ Regular Operating Expense ☐ Nonrecurring ☐ Nonrecurring Emergency ☐ Major Nonrecurring		
3. AOC Direct Costs	$ *(Insert estimate total from AOC-FAC-7.1 Project Cost Worksheet, Section, if any.)*		
4. Project Status	☐ Approved ☐ Denied ☐ Deferred to FY: _____ *If not approved, explain in the Notes section.*		
5. Partial Payment	Partial Project Payments Authorized: (*Only available for projects $50,000 or more*) ☐ Yes ☐ No		
6. Special Funding	Utilized: ☐ Yes ☐ No	Type:	Amount: $
7. MOU	Required if partial payments authorized, special funding used, or for major nonrecurring projects. ☐ Yes ☐ No		
8. AOC Proportional Share of Cost	☐ Occupancy Percentage ☐ 100% Reimbursement* ☐ Work Authorization Only ** If the AOC reimbursement rate is 100%, explain in Notes section.*		

9. Estimated Project Data	Total Cost	Special Funding	LUOG Cost	AOC Cost	Completion Date
	$	$	$	$	

10. Notes
Real Property Manager Signature: **Date:**

FOR AOC DEPARTMENT OF COURT FACILITIES USE ONLY
NONRECURRING PROJECT TRACKING

Date Letter Mailed: ___________ LUOG Response: ☐ Accepted ☐ Declined Date Received: ___________

REIMBURSEMENT PAYMENT DATA

A copy of the final invoices and LUOG cancelled check(s) as proof of payment to the service provider/vendor must be attached to the request for reimbursement submitted to the Budget Department. For the "Reimbursement Amount" column, multiply the invoice total by the AOC occupancy % entered in the header of this form or by 100%, depending on the box checked in Row 7 of the section above completed by the RP manager.

Request Date	Invoice #	Invoice Total	Reimbursement Amount	Manager Initials	Date Sent to Budget
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		

FINAL PROJECT DATA

Total Project Cost	Special Funding	Total AOC Cost	Total LUOG Cost	Completion Date
$	$	$	$	

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