

Project Request

1. Please submit the completed form, *signed by an administrator*, to the Assistant Superintendent for Business Services
2. Forms will be reviewed for compliance and presented to the Renovation Oversight Comm. (if appropriate).
3. The Renovation Oversight Committee and in some cases, the Board of Education will have final approval.
4. All Proposals for additions or modifications to facilities are subject to Administrative Procedure for Policy #7000

***** Submission cut off date for SY 2019/2020 Project Request Forms is May 1, 2020 *****

BUILDING INFORMATION:

Name: _____ Date: _____
School: _____ Phone: _____

**Building Administrator
Signature:**

PROJECT INFORMATION:

Project Title: _____
Length of Project: _____ Start: _____ End: _____
Funding Source: _____
Estimated Cost: (if available) _____
Person(s) doing the work: _____
Project Manager: _____

PROJECT DESCRIPTION:

Attach additional pages, drawing or documents

PROJECT BENEFITS:

Attach additional pages, drawing or documents

LONG TERM IMPACT ON DISTRICT RESOURCES:

FOR DISTRICT / COMMITTEE USE:

Notes: _____

Date: _____ Status: A R P Init: _____
Comm: SF Full