Self-Help/Community Projects Proposal Application

A Self-Help Project is any project to improve our school building or grounds, which is initiated and implemented by anyone, or any group, other than staff from Highline Public Schools Facilities Department. All school and community Self-Help Projects require prior approval by the Facilities Department to ensure that each project is appropriate for our buildings and grounds, complements programs taught in our schools, and is completed to district standards.

Site Location: _______________________________  Today’s Date: _______________________________

Project Representative: _______________________________

Email: _______________________________  Phone: _______________________________

A. Type of Project & Timeline

Estimated Project Start Date: _______________________________  Estimated Project Completion Date: _______________________________

Project Description (attach additional pages if needed):

**Paint Projects: There are limited dates and equipment available. Please contact the Self-Help Coordinator for details. A consultation and plan must be reviewed by the Paint Department Lead. All paint colors are subject to approval. A CHANGE of color (example: painting a white room a deep purple) will need a rationale for change. The district recommendation is any shade of off-white color; up to 10 gallons will be provided by Facilities Services. A Self Help Kit will need to be checked out from Facilities and returned within the agreed upon time frame. Please see Paint Project Criteria and Requirements for details.

* * * Requires approved plan, and additional information

*Permits Required  **Must be professionally installed.

- Art Display
- Cabinetry/Carpentry
- Benches/Picnic Tables
- Athletic Equipment/Structures *
- Lighting/Electrical/Sound System
- Carpeting (Removal or Installation)

- Landscaping/Grounds Cleanup
- Painting-Interior or Exterior***
- Reader Board Sign/Scoreboard(s) *
- Memorial Structure/Garden/Plants
- Playground Equipment**
- Other:

- **Paint Projects: There are limited dates and equipment available. Please contact the Self-Help Coordinator for details. A consultation and plan must be reviewed by the Paint Department Lead. All paint colors are subject to approval. A CHANGE of color (example: painting a white room a deep purple) will need a rationale for change. The district recommendation is any shade of off-white color; up to 10 gallons will be provided by Facilities Services. A Self Help Kit will need to be checked out from Facilities and returned within the agreed upon time frame. Please see Paint Project Criteria and Requirements for details.

Maintenance Required- What type? And, who will perform?

- Photos/drawings attached?  Yes  No  N/A

* All Murals or Wall Paintings must have a rough draft picture attached with the completed application

Please call the Self-Help Project Coordinator at 206.631.7501 if you have any questions.
B. Project Funding Details

Estimated Cost: $ ___________________________
Funding: (circle all that apply)   PTA/PTSA   ASB   HSD   Building   Other:

C. Project Participants

Who is participating in the project?

_________ District Employees   _________ Volunteers (NOT district employees volunteering their time)
_________ Students   _________ Contractors/Professionals*
_________ Organizations   _________ Other: __________________________________________________

*Professionals must be hired through Facilities; funds deposited with HPS.

A Self-Help Participant Roster MUST be submitted with your application to be considered. Due to the potential liability to the district applications will not be approved, until a complete roster is received. Individuals not listed on the roster, are not permitted to participate, in the project.

I UNDERSTAND AND AGREE TO THE FOLLOWING:

☒  We are responsible for obtaining all necessary funding and support to complete the project.

☒  We will make reasonable efforts to adhere to our projected schedule and will communicate changes with Facilities in a timely manner and all district equipment, tools, etc...will be returned on the date agreed upon with Facility Services.

☒  We will comply with specified maintenance responsibilities; including following specific prep & clean-up directions for paint projects.

☒  We will take responsibility for any damages or necessary repairs created as a result of our Self Help Project.

☒  We understand completing and submitting this application is not a guarantee that the project will be approved.

☒  We will not begin the project until we receive written approval, from Facility Services, to proceed.

☒  We will obtain any and all permits that are required.

☒  Ultimately, the Project Sponsor and Site Administrator are responsible for this Self Help Project.

☒  Project sponsors may need to provide a Certificate of Insurance naming Highline Public Schools as additional insured.

☒  Contractors MUST provide a Certificate of Insurance.

☒  Applications MUST be received AND approved at least 14 days prior to your desired projected start date.

__________________________________________________________________________
Signature of Site Administrator   Date

__________________________________________________________________________
Signature of Project Sponsor   Date

RETURN THIS FORM TO: mohammad.moqadem@highlineschools.org,
OR MAIL TO THE FACILITIES OFFICE: 17810 8th AVE So, Bldg C, Burien, WA 98148

FOR FACILITIES USE ONLY

Approved: __________________________________________   Date: __________________________

Notes: __________________________________________

__________________________________________   Lead Assigned to: __________________________

Project Completed On: ________________ Would you allow this group to do another project in the future? YES NO

Please call the Self-Help Project Coordinator at 206.631.7501 if you have any questions.