



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):

- | | |
|--|--|
| <input type="checkbox"/> Art Display | <input type="checkbox"/> Landscaping/Grounds Cleanup |
| <input type="checkbox"/> Cabinetry/Carpentry | <input type="checkbox"/> Painting-Interior or Exterior*** |
| <input type="checkbox"/> Benches/Picnic Tables | <input type="checkbox"/> Reader Board Sign/Scoreboard(s) * |
| <input type="checkbox"/> Athletic Equipment/Structures * | <input type="checkbox"/> Memorial Structure/Garden/Plants |
| <input type="checkbox"/> Lighting/Electrical/Sound System | <input type="checkbox"/> Playground Equipment** |
| <input type="checkbox"/> Carpeting (Removal or Installation) | <input type="checkbox"/> Other: _____ |

***Permits Required**

****Must be professionally installed.**

*****Requires approved plan, and additional information**

***** 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**

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 participant, 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