

**FACILITY MODIFICATION FORM**

Date: \_\_\_\_\_

School: \_\_\_\_\_

Name of person requesting modification: \_\_\_\_\_ Phone#: \_\_\_\_\_

Building/Room Numbers: \_\_\_\_\_

*Please attach one 8 1/2"x 11" site plan (identifying project location and any other documentation that may assist committee in reaching its decision).*

Description of work to be performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Rationale/Justification for project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cost of Project: \_\_\_\_\_  
(Attach All Cost Estimates)

Source of Funding: \_\_\_\_\_  
(If funding is: SIP, attach SIP Plan - Technology, attach Technology Plan - PTA, attach Minutes)

Who will perform the work: \_\_\_\_\_

Scheduled Start Date: \_\_\_\_\_ Scheduled Completion Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Area Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVED By Facilities/Maintenance Dept.: \_\_\_\_\_  
Signature Date

Facility/Maintenance Comments: \_\_\_\_\_

\_\_\_\_\_

Administrative Approval  Yes  No

APPROVED By Assistant Superintendent: \_\_\_\_\_  
Or Designee Signature Date