

Facility Project Request Form
Department of Facilities Management
164 McQueen Blvd., Summerville, SC 29483
Phone - 843-871-2710 Fax - 843-821-3990

*For new work, school-based projects & projects not covered through maintenance work orders,
(including changes and modifications to existing facility)*

School Name: _____ Date _____

Principal: _____

Approximate Cost of Project: _____

Funding Source:

- PTA/Booster Club: _____ School Funds
 Other, Please Identify: _____ Funding Not Identified

Department:

- Athletics CATE Fine Arts Special Education Safety
 Other, Please Identify _____

Will this project create a Title IX discrepancy? Yes No

Please provide a short description of the requested project and/or attach the project description & information.
(Providing a thorough description and associated information reduces the time for the evaluation/approval process.)

Please attach additional information that would assist our review of the proposed project. Attachments may include proposals, contractor quotes, site plans, drawings, sketches, markups, additional description, etc.

Description of Attachments: _____

Who is being proposed to accomplish the project? (Check One)

- Outside Contractor: _____ (Attach Contractor's Proposal)
 School-Based Staff: _____ (Identify)
 Volunteers or Community Members
 Other, Please Identify: _____

Approved by: (Principal) _____

Date _____

(By signing, the principal is endorsing this project and certifying, that if approved, the project will be implemented in accordance with the final approval plan.)

For District Use Only

Required Reviews: Facilities Safety Finance

Review Comments: (Use Attachments if Necessary) _____

- Approved as Proposed (No Changes Needed) Approved with Modifications Denied
 Resubmit Proposal with Modifications Inclusion in Future Capital Project

Additional Notation: See Attachment, if Checked)

Signature: _____

Date: _____