

Oceanside Unified School District Facility Alteration Request Form

Please complete this form in order to make modifications, variations, or alterations to any OUSD facility.
Please attach detailed drawings of the project, including specific project location and photos.
An incomplete form will result in a delay in processing.

Requester: _____ Date: _____
Site: _____ Phone: _____ Email: _____

Section 1 – Project description – please provide a detailed description of the requested project:

Section 2 – Estimated cost: \$_____ (attach estimates and quotes)

Section 3 – Funding (check all that apply)

- Site funded – account number to be charged: _____
- Grant funded – this request must be approved **prior** to submitting the grant.
- Free/donated materials – estimated value: \$_____

Section 4 – Construction/Labor/Maintenance

- Work will be performed by OUSD employees – site account number for timesheets: _____
- Work will be performed by volunteers – complete the “Construction by Volunteers” form
(If work will be performed by volunteers, an M&O employee must be present. Site account number for timesheets: _____)

Section 5 – Project Point of Contact

Name: _____ Phone: _____ Email: _____
 Site employee PTO/PTA/Booster/ASB Parent Other: _____

Section 6 – Estimated Project Dates – please provide projected dates for the work to be performed:

Start date: _____ End date: _____

Section 7 – Site Benefits – what are the short-term and long-term benefits of this project to the site, students, employees, and families?

I understand this project must be approved by the Facility Alteration Committee (FAC) **before** any further action or work may begin. I understand this project must be in compliance with all applicable regulations for public work construction.

Requester’s name: _____ Signature: _____ Date: _____

Site administrator’s name: _____ Signature: _____ Date: _____

**Submit this form and attachments to the Director of Maintenance and Operations via fac@oside.us.
Please allow 6-8 weeks for processing. The requester will be notified of the project approval/denial.**

OFFICE USE ONLY

Date received:	FAC meeting date:
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FAC Approvals:

M&O:	Fiscal Services:	Bond Program:	Business Services:
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Project status: Approved Denied Approval/denial sent to requester: _____

Comments: _____