Pleasant Hill School District

FACILITIES DEPARTMENT PROCEDURE

Minor Capital Improvement

INSTRUCTIONS

Use of Minor Capital Project Improvement Form:

Capital projects involve construction or renovation of Pleasant Hill School District controlled property and facilities. This form is required for ALL minor capital improvement projects.

Funding:

If minor capital improvement projects are funded through a facility account, building funds or other resources (e.g. Booster Club), they must be completely funded prior to project commencement. It is the responsibility of the originating department to confirm the eligibility of the fund source used to pay for the project.

Construction Manager:

All work is performed by and/or contracted though facilities management or an approved outside contractor.

PLEASE NOTE THAT AFTER AUTHORIZED SITE APPROVAL, THIS FORM WILL NEED TO BE FORWARDED FOR FINAL APPROVAL.

Step 1: Enter relevant project information. (Initiating Party, Project Information, Site Admin./Supervisor Approval)
Step 2: Enter project funding information.

Please return the form to the Business Manager (Sheri Longbardo) for routing.

Initiating Party (Teacher, Coach, Etc.)

Name: **Title:**

Signature: **Date:**

Phone Number: **Email Address:**

Project Information:

Facility Name: **Room Number(s) / Location:**

Attach Project Description: Location, Scope, Justification, Illustrations.

Site Admin. / Supervisor Approval:

Name: **Title:**

Signature: **Date:**

AUTHORIZED SITE APPROVAL:

Name: **Title:**

Signature: **Date:**

PROJECT MANAGEMENT:

Managing Dept.:
Technology (Steven Traylor)
Facilities (Jim Dienstel)

Work Order #:

This approval does not constitute plan check. A separate review for building permits may be required. If approval is conditional, please note that in the space below (continue in attachment if needed). It is the responsibility of the project manager to ensure the conditions are met.

Drawings Illustrating existing and proposed conditions are attached: Yes NA

Will the project involve or require the following:

Asbestos or lead abatement.	Yes	No	Uncertain
A change in space classifications (e.g.; office to lab)	Yes	No	Uncertain
Locating services (digging, trenching, relocating, etc.)	Yes	No	Uncertain
Permanently attached equipment.	Yes	No	Uncertain
Project construction staging area.	Yes	No	Uncertain

Managing Department Signature **Date:**

FUNDING INFORMATION:

AMOUNT	DISTRICT ACCOUNT
AMOUNT	**OTHER ACCOUNT**

Approval:

Completed form received (including valid fund sources and project drawings)	**Yes**	**No**
Fund Sources verified with accounting.	**Yes**	**No**
Form Accepted:	**September**	**February**
Work meets District Standards:	**Yes**	**No**
OSEA Review Needed:	**Yes**	**No**

Business Manager Signature

Superintendent Signature