

**Tigard Tualatin School District
Operations Department Project Application**

For Operations Staff Only

Project Status: Approved _____ *Denied (please state reason) _____

*If denied, include written response to applicant stating reasons.

Conditions for Approval:

Facilities Manager _____ Date _____

Chief Financial Officer _____ Date _____

Director of Operations _____ Date _____

District Contact: _____ **Project Manager:** _____

Type of Project (Check One)

Safety _____ **Repair/Maintenance** _____ **Deferred Maintenance** _____

Permits, Approvals and Services

Prevailing Wage Job? Yes _____ No _____
BOLI WH 81 Application Yes _____ No _____
Certificate of Insurance Yes _____ No _____ Date _____
Minor Modification Required Yes _____ No _____ Date _____
Building Permits Yes _____ No _____ Date _____
Clean Water Services Yes _____ No _____ Date _____
Location Services Yes _____ No _____ Date _____

Project Team

Name	Organization	Phone	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Assigned Task List

Task	Assigned To	Completion Date

Project Update Meeting Dates

Meeting Date	Time	Location

Project Update Notes

Date	Notes

Estimated Project Completion Date _____

Final Project Close-Out Meeting _____ **Location** _____
Signatures indicate that project has been completed

_____/_____
For the District **Date** **For the Applicant** **Date**