FACILITY IMPROVEMENT PROJECT REQUEST FORM

Complete this form and attach additional pages if necessary. Once signed by school principal, submit to:
Mike Santina, Director of Facilities and Construction via email (msantina@ccusd93.net)

Date:_____ School/Building:_____
Name:_____ Daytime Phone:_____

Overall project description and location on property (attach full plans and drawings, if available):

How will the project be sustained over the future and what will be the costs?

Impact if request is denied:

Other Departments involved? Describe:

Target Completion Date:_____ Is this request an emergency? ☐ Yes ☐ No

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Anticipated Cost for Project: $_____
Is a budget in place for this project: ☐ Yes ☐ No
If "yes" funding source(s) for budget: ☐ Site ☐ PTO/Booster ☐ Donation (include donation form) ☐ Other:_____

Approvals

Principal/Director:
☐ I approve of the proposed work and understand that work shall not proceed prior to Facilities approval.

Sign:_____ **Date:**_____

This area for Facilities Department Use Only

Additional information needed:

_____

_____

_____

Approved _____ **Approved w/conditions**_____ **Disapproved**_____
Initial & date **Initial & date** **Initial & date**

Sign:_____ **Date:**_____
Director of Facilities and Construction

The District reserves the right to cancel, suspend or modify the project if it is in the best interest of the District.

District Office Approval:

Sign:_____ **Date:**_____
Chief Financial Officer

Sign:_____ **Date:**_____
Executive Director of Leadership

Sign:_____ **Date:**_____
Superintendent