Eacility Modification Project Proposal				
Facility Modification Project Proposal				
Tada /a Data				
Today's Date:				
Contact Information:				
Your name: Your Phone #:				
Alternate Phone # E-Mail address:				
Organization:				
Organization Contact				
name:				
Contact phone:				
Contact E-Mail:				
Project Description:				
School/Facility:				
Scope of Project:				
(please include				
drawings/plans for				
building modifications				
or site plan landscaping				
improvements)				
Proposed Project Schedule:				
Start Date:	Completion Date:			
CATEGORY: Outdo	oor Indoor Other			

SOPI 400.1

Funding				
Estimated Cost:				
How much can the applica				
project? (include documentation):				
How will this project be funded?				
What are the ongoing maintenance costs				
that are associated with th				
What is the plan when assets need to be				
replaced? Who will fund the replacement?				
Student Impact				
Please describe the desired impact this project will have on students.				
What other group(s) may this improvement/change impact and in what ways?				
Title IX Requirements / ADA / EPA				
Does this project have any impact on Title IX requirements, ADA, or EPA?				
Applicant Signature:				
Service Organization				
Authorized Signature:				
Principal/Administrator Approval				
I have reviewed this application and approve it for review by the Director of Operations.				
Principal/Administrator			Data	
Signature:			Date:	
Director of Operations Project Approval / Possible and no negative impact on building				
infrastructure or maintenance.				
This project is approved.				
Director of Operations			Date:	
Signature:			Date.	
Teaching and Learning Approval, if required				
Chief Academic Officer: Date:				
Core Approval:				
Signature: Date:				
Proof of General Liability Insurance				
The liability insurance provided must comply with P-CCS District Policy.				
Administrator Signature:			Date:	