

# CAPITAL IMPROVEMENT REQUEST FORM

Written authorization is required from the facilities department before proceeding with any capital improvement, to include all buildings and grounds.

Site/Department Improvement requests are: (1) Enhancements to a facility that adds something which previously did not exist or (2) Requires extensive cost or resources to accomplish, or (3) Complex in nature, or (4) Requires coordination between multiple departments. Please fill out and return this signed form to facilities along with any backup information necessary to explain your request. Facilities will respond within two weeks.

## A) SITE INFORMATION

School \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Contact Person: \_\_\_\_\_ Contact Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

2. Describe Proposed Project: (attach additional sheets as needed) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please attach site sketch showing location of project and any additional information that would be useful to evaluate request.

4. Site expense (yes)                      District Expense (yes)  
(CIRCLE ONE)

5. Administrator Approval \_\_\_\_\_ (PRINT NAME)                      \_\_\_\_\_ (SIGNATURE)

## B) APPROVAL BY FACILITIES ONLY

1. Estimated Cost \$ \_\_\_\_\_ Contractor    M&O    IT    All  
(CIRCLE ALL THAT APPLY)

2. Project Approval (yes) (no)  
Reason for denial \_\_\_\_\_  
\_\_\_\_\_