

FACILITY IMPROVEMENT PROJECT APPLICATION

Complete this form and attach additional pages if necessary. *Call 503-356-4450 for assistance*. Once signed by building Administrator, submit to: Ron Umali, Maintenance Administrator via email (<u>ron umali@beaverton.k12.or.us</u>) or fax 503-356-4491

Date:	School/Building name:	
Project Contact(s): Name	Daytime phone	Email address
		@beaverton.k12.or.us
Overall project description and location	n on property (attach drawings, if availa	ble):
Target Date (Please explain):		
Anticipated Cost for Project: \$		
Is a budget in place for this project? If "yes," funding source(s) for budget:		
SIGNATURES	lease check the boxes next to each sta	itement and sign verifying agreement with
Applicant: I understand that we will not p	proceed with this project until the pre-pr	oject meeting with a District Coordinator is
held I understand that this project in public school building	must be done meeting all necessary reg	gulations and codes applicable to work in a
Sign:	Dat	te:
need to change in order to ac		
Sign:	Date:	
This area for Facilities Dept. Use Only Additional information needed:		
Approved Appro	ved w/Conditions	_ Disapproved
initial &date	ved w/Conditionsinitial & date	initial &date
	Name	Phone

The District reserves the right to cancel, suspend or modify your project if it is in the interest of the District. Any project not completed within one year of the approval date is subject to reapplication for the project approval and possible revised conditions.