

FACILITY IMPROVEMENT PROJECT REQUEST FORM

Complete this form and attach additional pages if necessary. Call 541-790-7400 for assistance. Once signed by building Administrator, submit to: Michael Heffernan, District Architect via email (heffernan_m@4j.lane.edu)

Date: _____ School/Building name: _____

Project Contact(s):

Name	Daytime phone	Email address

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

Target Completion Date (Please explain): _____

 Anticipated Cost for Project: \$ _____

Is a budget in place for this project? Yes No

If "yes," funding source(s) for budget: _____

SIGNATURE

Principal / Director: Please check the boxes next to each statement and sign verifying agreement with and acknowledgement of the following responsibilities.

Principal / Director:

- I approve of the proposed work.
- I understand that work shall not proceed prior to Facilities review and approval.

Print: _____

Sign: _____

Date: _____

This area for Facilities Dept. Use Only

Reviewed / Approved by Department Director: _____

Additional information needed: _____

Approved _____ initial & date Approved w/Conditions _____ initial & date Disapproved _____ initial & date

District Coordinator Assigned: _____

Name Phone

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